

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet S Parts I-III Date/Time Prepared: 1/28/2015 4:16 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 1/28/2015 Time: 4:16 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)**

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by UNION HOSPITAL, INC. ( 150023 ) for the cost reporting period beginning 09/01/2013 and ending 08/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	1,150,367	144,336	-364,739	-5,022,540	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	5,800	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	1,156,167	144,336	-364,739	-5,022,540	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150023		Period: From 09/01/2013 To 08/31/2014		Worksheet S-2 Part I Date/Time Prepared: 1/28/2015 4:15 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47804- County: VIGO				
2.00 Street: 1606 NORTH SEVENTH ST City: TERRE HAUTE		2.00 State: IN		3.00 Zip Code: 47804-		4.00 County: VIGO				
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	UNION HOSPITAL, INC.	150023	45460	1	01/01/1966	N	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	MEDICAL REHAB	15T023	45460	5	09/01/1989	N	P	0	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					09/01/2013	08/31/2014		20.00	
21.00	Type of Control (see instructions)					2			21.00	
<u>Inpatient PPS Information</u>										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)								22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,412	1,566	1,248	206	5,316	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	363	0	0	0	126			25.00	
						Urban/Rural	S	Date of Geogr		
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0				35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet S-2 Part I Date/Time Prepared: 1/28/2015 4:15 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20		
				1.00			
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01		
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			Y	63.00		
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	UH FAMILY MEDICINE RESIDENCY	1201711131	0.91	20.14	0.043230	65.00
			Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150023		Period: From 09/01/2013 To 08/31/2014		Worksheet S-2 Part I Date/Time Prepared: 1/28/2015 4:15 pm		
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
					1.00	2.00		3.00
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	UH FAMILY MEDICINE RESIDENCY	1201711131	5.20	15.70	0.248804	67.00	
					1.00	2.00	3.00	
<b>Inpatient Psychiatric Facility PPS</b>								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00	
<b>Inpatient Rehabilitation Facility PPS</b>								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				Y	N	0	76.00
					1.00			
<b>Long Term Care Hospital PPS</b>								
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00	
<b>TEFRA Providers</b>								
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00	
					V	XIX		
					1.00	2.00		
<b>Title V and XIX Services</b>								
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.				N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00
<b>Rural Providers</b>								
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?				N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				N		106.00	

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		V	XIX		
		1.00	2.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,705,175	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H043		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet S-2 Part I Date/Time Prepared: 1/28/2015 4:15 pm			
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: UNION HOSPITAL, INC.	Contractor's Name: WISCONSIN PHYSICIANS SERVICES		Contractor's Number: 08101		141.00	
142.00	Street: 1606 NORTH SEVENTH ST	PO Box:				142.00	
143.00	City: TERRE HAUTE	State: IN		Zip Code: 47804		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.					Y	145.00
						1.00	
						2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00
						1.00	
						2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/01/2012	09/30/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet S-2 Part II Date/Time Prepared: 1/28/2015 4:15 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	12/24/2013	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	12/11/2014	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet S-2 Part II Date/Time Prepared: 1/28/2015 4:15 pm
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LANDON		HACKETT	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7929		LHACKETT@BLUEANDCO.COM	43.00

		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	12/11/2014		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR ACCOUNTANT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/28/2015 4:15 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	244	89,060	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		244	89,060	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 INTENSIVE NURSERY	35.00	15	5,475	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		295	107,675	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,030		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		317				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/28/2015 4:15 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	25,012	4,410	48,597			1.00
2.00 HMO and other (see instructions)	3,425	8,331				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	126				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	25,012	4,410	48,597			7.00
8.00 INTENSIVE CARE UNIT	6,071	0	9,475			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 INTENSIVE NURSERY	0	0	3,721			12.00
13.00 NURSERY			3,443			13.00
14.00 Total (see instructions)	31,083	4,410	65,236	20.90	1,596.69	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,495	363	3,940	0.00	30.99	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				20.90	1,627.68	27.00
28.00 Observation Bed Days		0	9,229			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	7	11			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/28/2015 4:15 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	6,214	948	13,617	1.00
2.00 HMO and other (see instructions)			637	2,713		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 INTENSIVE NURSERY						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,214	948	13,617	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	176	22	286	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet S-3  
Part II  
Date/Time Prepared:  
1/28/2015 4:15 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	109,977,187	0	109,977,187	3,320,113.00	33.12
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		25,000	0	25,000	167.00	149.70
4.01	Physicians - Part A - Teaching		1,075,410	0	1,075,410	9,972.00	107.84
5.00	Physician-Part B		17,779,032	0	17,779,032	68,370.00	260.04
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	1,239,317	1,239,317	43,326.00	28.60
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		12,745,673	-2,316,310	10,429,363	231,139.00	45.12
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor: Direct Patient Care		2,413,546	0	2,413,546	45,996.00	52.47
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		840,549	0	840,549	6,585.00	127.65
14.00	Home office salaries & wage-related costs		18,250,133	0	18,250,133	448,339.00	40.71
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		18,348,398	0	18,348,398		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,741,056	0	1,741,056		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		3,459	0	3,459		
22.01	Physician Part A - Teaching		157,553	0	157,553		
23.00	Physician Part B		1,436,583	0	1,436,583		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		281,139	0	281,139		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	267,285	611,996	879,281	37,257.00	23.60
27.00	Administrative & General	5.00	7,116,017	-451,380	6,664,637	243,561.00	27.36
28.00	Administrative & General under contract (see inst.)		1,106,734	0	1,106,734	5,248.00	210.89
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	62,960	0	62,960	3,153.00	19.97
31.00	Laundry & Linen Service	8.00	813,875	0	813,875	52,510.00	15.50
32.00	Housekeeping	9.00	3,130,667	0	3,130,667	188,134.00	16.64
33.00	Housekeeping under contract (see instructions)		1,786,427	0	1,786,427	92,733.00	19.26
34.00	Dietary	10.00	1,499,358	-7,154	1,492,204	96,091.00	15.53
35.00	Dietary under contract (see instructions)		262,548	0	262,548	21,766.00	12.06
36.00	Cafeteria	11.00	607,918	0	607,918	45,802.00	13.27
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,879,186	0	1,879,186	46,207.00	40.67
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet S-3  
Part II  
Date/Time Prepared:  
1/28/2015 4:15 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	2,376,146	0	2,376,146	111,309.00	21.35	41.00
42.00	Social Service	17.00	153,425	0	153,425	4,710.00	32.57	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet S-3  
Part III  
Date/Time Prepared:  
1/28/2015 4:15 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	94,278,454	-1,239,317	93,039,137	3,318,192.00	28.04	1.00
2.00	Excluded area salaries (see instructions)	12,745,673	-2,316,310	10,429,363	231,139.00	45.12	2.00
3.00	Subtotal salaries (line 1 minus line 2)	81,532,781	1,076,993	82,609,774	3,087,053.00	26.76	3.00
4.00	Subtotal other wages & related costs (see inst.)	21,504,228	0	21,504,228	500,920.00	42.93	4.00
5.00	Subtotal wage-related costs (see inst.)	18,351,857	0	18,351,857	0.00	22.22	5.00
6.00	Total (sum of lines 3 thru 5)	121,388,866	1,076,993	122,465,859	3,587,973.00	34.13	6.00
7.00	Total overhead cost (see instructions)	21,062,546	153,462	21,216,008	948,481.00	22.37	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 1/28/2015 4:15 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			3,169,937 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			9,433,950 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			45,869 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			43,508 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			89,634 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			158,314 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			7,074,158 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			632,519 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			1,205,880 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			114,418 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			21,968,187 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet S-3  
Part V  
Date/Time Prepared:  
1/28/2015 4:15 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet S-10 Date/Time Prepared: 1/28/2015 4:15 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.276414	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		35,670,561	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		141,569,101	6.00	
7.00	Medicaid cost (line 1 times line 6)		39,131,681	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		3,461,120	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		3,461,120	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	31,415,706	0	31,415,706	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	8,683,741	0	8,683,741	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	8,683,741	0	8,683,741	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		33,725,999	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		949,450	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		32,776,549	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		9,059,897	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		17,743,638	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		21,204,758	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet A  
Date/Time Prepared:  
1/28/2015 4:15 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
<b>GENERAL SERVICE COST CENTERS</b>									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		15,272,169		15,272,169	12,243,952	27,516,121	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		8,681,363		8,681,363	4,133,498	12,814,861	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	267,285	22,926	290,211		2,213,743	2,503,954	4.00
5.01	00540	NONPATIENT TELEPHONES	651,444	457,229	1,108,673		0	1,108,673	5.01
5.02	00550	DATA PROCESSING	0	0	0		0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0		0	0	5.03
5.04	00570	ADMINISTRATIVE	1,397,135	667,973	2,065,108		0	2,065,108	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0		0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5,067,438	36,620,788	41,688,226		-16,492,400	25,195,826	5.06
7.00	00700	OPERATION OF PLANT	62,960	7,170,816	7,233,776		-574,824	6,658,952	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	813,875	250,376	1,064,251		0	1,064,251	8.00
9.00	00900	HOUSEKEEPING	3,130,667	3,164,661	6,295,328		0	6,295,328	9.00
10.00	01000	DIETARY	1,499,358	991,608	2,490,966		-56,768	2,434,198	10.00
11.00	01100	CAFETERIA	607,918	1,284,800	1,892,718		0	1,892,718	11.00
13.00	01300	NURSING ADMINISTRATION	1,879,186	245,981	2,125,167		0	2,125,167	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,376,146	1,023,908	3,400,054		0	3,400,054	16.00
17.00	01700	SOCIAL SERVICE	153,425	16,806	170,231		0	170,231	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0		1,337,695	1,337,695	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0		2,715,283	2,715,283	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0		249,982	249,982	23.00
23.01	02341	OTHER MEDICAL	0	0	0		109,624	109,624	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	20,790,067	4,167,319	24,957,386		-1,040,783	23,916,603	30.00
31.00	03100	INTENSIVE CARE UNIT	6,069,347	1,472,872	7,542,219		101,370	7,643,589	31.00
35.00	02040	INTENSIVE NURSERY	1,789,929	630,476	2,420,405		39,810	2,460,215	35.00
41.00	04100	SUBPROVIDER - I&R	1,681,940	402,469	2,084,409		42,152	2,126,561	41.00
43.00	04300	NURSERY	0	121,882	121,882		1,004,466	1,126,348	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	8,795,827	14,429,719	23,225,546		-6,904,948	16,320,598	50.00
50.01	05001	CARDIAC SURGERY	2,129,112	2,353,210	4,482,322		-529,044	3,953,278	50.01
50.02	05002	WASC	28,638	12,179,465	12,208,103		-518,853	11,689,250	50.02
51.00	05100	RECOVERY ROOM	1,560,332	299,296	1,859,628		0	1,859,628	51.00
51.02	05101	O/P TREATMENT ROOM	3,277,560	582,564	3,860,124		0	3,860,124	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,171,261	961,919	4,133,180		0	4,133,180	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,093,257	3,610,361	14,703,618		-249,982	14,453,636	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	386,110	4,633,649	5,019,759		0	5,019,759	55.00
56.00	05600	RADIOLOGY-SOTOPE	188,408	1,500,932	1,689,340		0	1,689,340	56.00
57.00	05700	CT SCAN	1,080,335	1,225,343	2,305,678		0	2,305,678	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	550,787	1,347,112	1,897,899		0	1,897,899	58.00
59.00	05900	CARDIAC CATHETERIZATION	645,113	20,434,167	21,079,280		-3,532,295	17,546,985	59.00
60.00	06000	LABORATORY	0	9,296,519	9,296,519		0	9,296,519	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,854,833	1,854,833		0	1,854,833	62.00
65.00	06500	RESPIRATORY THERAPY	2,690,005	1,090,341	3,780,346		0	3,780,346	65.00
66.00	06600	PHYSICAL THERAPY	772,528	2,209,136	2,981,664		0	2,981,664	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	535,031	1,853,922	2,388,953		0	2,388,953	66.02
67.00	06700	OCCUPATIONAL THERAPY	459,790	177,535	637,325		0	637,325	67.00
68.00	06800	SPEECH PATHOLOGY	170,613	214,209	384,822		0	384,822	68.00
69.00	06900	ELECTROCARDIOLOGY	1,424,000	466,566	1,890,566		0	1,890,566	69.00
69.01	06901	CARDIAC REHAB	303,432	51,381	354,813		0	354,813	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,212,525	859,287	3,071,812		0	3,071,812	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,102,873	1,102,873		-90,247	1,012,626	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		11,485,140	11,485,140	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,888,671	34,463,011	38,351,682		-1,984,071	36,367,611	73.00
76.00	03020	RENAL ACUTE	0	1,433,920	1,433,920		0	1,433,920	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0	0		0	0	90.00
90.05	09005	PATIENT NUTRITION	261,669	39,146	300,815		0	300,815	90.05
90.07	09007	WOUND CLINIC	346,396	815,370	1,161,766		0	1,161,766	90.07
91.00	09100	EMERGENCY	4,703,934	1,573,398	6,277,332		0	6,277,332	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
118.00		SUBTOTALS (SUM OF LINES 1-117)	98,913,454	203,725,606	302,639,060		3,702,500	306,341,560	118.00
<b>NONREIMBURSABLE COST CENTERS</b>									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		0	0	190.00
194.00	07950	RURAL HEALTH	1,538,620	1,404,100	2,942,720		68,085	3,010,805	194.00
194.01	07951	RENTAL PROPERTY	148,908	110,422	259,330		0	259,330	194.01
194.02	07954	FAMILY PRACTICE	4,697,423	1,651,046	6,348,469		-4,052,978	2,295,491	194.02
194.03	07952	WELLNESS	0	0	0		384,825	384,825	194.03
194.04	07955	PHYSICIAN PRACTICES	4,157,616	3,156,574	7,314,190		0	7,314,190	194.04
194.06	07953	SYCAMORE SPORTS MED	168,860	487,358	656,218		0	656,218	194.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet A  
Date/Time Prepared:  
1/28/2015 4:15 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
194.07 07956  PSYCHIATRIC/PSYCHOLOGICAL SERVICES	352,306	359,241	711,547	-102,432	609,115	194.07
200.00  TOTAL (SUM OF LINES 118-199)	109,977,187	210,894,347	320,871,534	0	320,871,534	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet A  
Date/Time Prepared:  
1/28/2015 4:15 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,631,696	25,884,425	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-751,552	12,063,309	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,484,941	17,988,895	4.00
5.01	00540	NONPATIENT TELEPHONES	-137,035	971,638	5.01
5.02	00550	DATA PROCESSING	11,097,204	11,097,204	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,087,436	1,087,436	5.03
5.04	00570	ADMINISTRATIVE	0	2,065,108	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	7,184,958	7,184,958	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-2,492,629	22,703,197	5.06
7.00	00700	OPERATION OF PLANT	92,811	6,751,763	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-5,728	1,058,523	8.00
9.00	00900	HOUSEKEEPING	-179,977	6,115,351	9.00
10.00	01000	DIETARY	-120,279	2,313,919	10.00
11.00	01100	CAFETERIA	-1,667,402	225,316	11.00
13.00	01300	NURSING ADMINISTRATION	1,037,709	3,162,876	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	270,163	3,670,217	16.00
17.00	01700	SOCIAL SERVICE	0	170,231	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,337,695	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-253,679	2,461,604	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	249,982	23.00
23.01	02341	OTHER MED ED	211,890	321,514	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-2,597,555	21,319,048	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,643,589	31.00
35.00	02040	INTENSIVE NURSERY	-264,200	2,196,015	35.00
41.00	04100	SUBPROVIDER - IIRF	0	2,126,561	41.00
43.00	04300	NURSERY	0	1,126,348	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-5,316,158	11,004,440	50.00
50.01	05001	CARDIAC SURGERY	-2,017,692	1,935,586	50.01
50.02	05002	WVSC	101,315	11,790,565	50.02
51.00	05100	RECOVERY ROOM	3,878	1,863,506	51.00
51.02	05101	O/P TREATMENT ROOM	0	3,860,124	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	-856,283	3,276,897	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-6,053,812	8,399,824	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,019,759	55.00
56.00	05600	RADIOISOTOPE	252,999	1,942,339	56.00
57.00	05700	CT SCAN	188,954	2,494,632	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	42,823	1,940,722	58.00
59.00	05900	CARDIAC CATHETERIZATION	259,679	17,806,664	59.00
60.00	06000	LABORATORY	-1,660,349	7,636,170	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,854,833	62.00
65.00	06500	RESPIRATORY THERAPY	-10,068	3,770,278	65.00
66.00	06600	PHYSICAL THERAPY	-2,657,189	324,475	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	-82,441	2,306,512	66.02
67.00	06700	OCCUPATIONAL THERAPY	444,823	1,082,148	67.00
68.00	06800	SPEECH PATHOLOGY	20,693	405,515	68.00
69.00	06900	ELECTROCARDIOLOGY	-30,315	1,860,251	69.00
69.01	06901	CARDIAC REHAB	3,646	358,459	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,172,258	899,554	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-42,195	970,431	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,485,140	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	201,390	36,569,001	73.00
76.00	03020	RENAL ACUTE	0	1,433,920	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.05	09005	PATIENT NUTRITION	-838	299,977	90.05
90.07	09007	WOUND CLINIC	4,029	1,165,795	90.07
91.00	09100	EMERGENCY	0	6,277,332	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,990,011	313,331,571	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	RURAL HEALTH	0	3,010,805	194.00
194.01	07951	RENTAL PROPERTY	0	259,330	194.01
194.02	07954	FAMILY PRACTICE	0	2,295,491	194.02
194.03	07952	WELLNESS	0	384,825	194.03
194.04	07955	PHYSICIAN PRACTICES	0	7,314,190	194.04
194.06	07953	SYCAMORE SPORTS MED	-508,743	147,475	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	609,115	194.07
200.00		TOTAL (SUM OF LINES 118-199)	6,481,268	327,352,802	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
<b>A - PROPERTY INSURANCE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	430,345	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	144,479	2.00
	O		0	574,824	
<b>B - PARAMED</b>					
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	208,618	41,364	1.00
	O		208,618	41,364	
<b>C - FITNESS ACTIVITY</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	171,976	64,888	1.00
2.00	WELLNESS	194.03	279,404	105,421	2.00
	O		451,380	170,309	
<b>D - CLAY CITY RURAL HEALTH</b>					
1.00	RURAL HEALTH	194.00	0	43,188	1.00
	O		0	43,188	
<b>E - CORK MEDICAL RURAL HEALTH</b>					
1.00	RURAL HEALTH	194.00	0	24,897	1.00
	O		0	24,897	
<b>F - HOUSE NURSE ASSISTANT</b>					
1.00	INTENSIVE CARE UNIT	31.00	92,577	8,793	1.00
2.00	INTENSIVE NURSERY	35.00	36,357	3,453	2.00
3.00	SUBPROVIDER - IRF	41.00	38,496	3,656	3.00
	O		167,430	15,902	
<b>G - EMPLOYEE ACCESS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	82,467	19,965	1.00
	O		82,467	19,965	
<b>H - TUBE FEEDING</b>					
1.00	ADULTS & PEDIATRICS	30.00	7,154	49,614	1.00
	O		7,154	49,614	
<b>I - FAMILY MEDICINE</b>					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,239,317	98,378	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,621,159	1,094,124	2.00
	O		2,860,476	1,192,502	
<b>J - LOBBY PHARMACY</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	357,553	1,516,894	1.00
	O		357,553	1,516,894	
<b>K - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,485,140	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	O		0	11,485,140	
<b>L - INTEREST</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	11,881,692	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,989,019	2.00
	O		0	15,870,711	
<b>M - PLUM PUMPS AND OTHER</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	90,247	1.00
	O		0	90,247	
<b>N - NURSERY</b>					
1.00	NURSERY	43.00	1,004,466	0	1.00
	O		1,004,466	0	
<b>O - PHARMACY PARAMED</b>					
1.00	OTHER MED ED	23.01	100,115	9,509	1.00
	TOTALS		100,115	9,509	
500.00	Grand Total: Increases		5,239,659	31,105,066	500.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - PROPERTY INSURANCE</b>							
1.00	OPERATION OF PLANT	7.00	0	574,824	12		1.00
2.00		0.00	0	0	12		2.00
	O		0	574,824			
<b>B - PARAMED</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	208,618	41,364	0		1.00
	O		208,618	41,364			
<b>C - FITNESS ACTIVITY</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	451,380	170,309	0		1.00
2.00		0.00	0	0	0		2.00
	O		451,380	170,309			
<b>D - CLAY CITY RURAL HEALTH</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	43,188	9		1.00
	O		0	43,188			
<b>E - CORK MEDICAL RURAL HEALTH</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	24,897	9		1.00
	O		0	24,897			
<b>F - HOUSE NURSE ASSISTANT</b>							
1.00	ADULTS & PEDIATRICS	30.00	167,430	15,902	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	O		167,430	15,902			
<b>G - EMPLOYEE ACCESS</b>							
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	194.07	82,467	19,965	0		1.00
	O		82,467	19,965			
<b>H - TUBE FEEDING</b>							
1.00	DIETARY	10.00	7,154	49,614	0		1.00
	O		7,154	49,614			
<b>I - FAMILY MEDICINE</b>							
1.00	FAMILY PRACTICE	194.02	2,860,476	1,192,502	0		1.00
2.00		0.00	0	0	0		2.00
	O		2,860,476	1,192,502			
<b>J - LOBBY PHARMACY</b>							
1.00	DRUGS CHARGED TO PATIENTS	73.00	357,553	1,516,894	0		1.00
	O		357,553	1,516,894			
<b>K - IMPLANTABLE DEVICES</b>							
1.00	OPERATING ROOM	50.00	0	6,904,948	0		1.00
2.00	CARDIAC SURGERY	50.01	0	529,044	0		2.00
3.00	WVSC	50.02	0	518,853	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	3,532,295	0		4.00
	O		0	11,485,140			
<b>L - INTEREST</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	15,870,711	11		1.00
2.00		0.00	0	0	11		2.00
	O		0	15,870,711			
<b>M - PLUM PUMPS AND OTHER</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	90,247	0		1.00
	O		0	90,247			
<b>N - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,004,466	0	0		1.00
	O		1,004,466	0			
<b>O - PHARMACY PARAMED</b>							
1.00	DRUGS CHARGED TO PATIENTS	73.00	100,115	9,509	0		1.00
	TOTALS		100,115	9,509			
500.00	Grand Total: Decreases		5,239,659	31,105,066			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet A-7  
Part I  
Date/Time Prepared:  
1/28/2015 4:15 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	17,200,640	161,010	0	161,010	0 1.00
2.00	Land Improvements	19,260,625	223,455	0	223,455	1,051 2.00
3.00	Buildings and Fixtures	252,582,417	0	0	0	675 3.00
4.00	Building Improvements	70,227,966	3,037,214	0	3,037,214	39,820 4.00
5.00	Fixed Equipment	1,487,601	38,680	0	38,680	73 5.00
6.00	Movable Equipment	119,966,243	4,919,606	0	4,919,606	3,757,774 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	480,725,492	8,379,965	0	8,379,965	3,799,393 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	480,725,492	8,379,965	0	8,379,965	3,799,393 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	17,361,650	0			1.00
2.00	Land Improvements	19,483,029	0			2.00
3.00	Buildings and Fixtures	252,581,742	0			3.00
4.00	Building Improvements	73,225,360	0			4.00
5.00	Fixed Equipment	1,526,208	0			5.00
6.00	Movable Equipment	121,128,075	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	485,306,064	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	485,306,064	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet A-7  
Part II  
Date/Time Prepared:  
1/28/2015 4:15 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	15,272,169	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	8,681,363	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	23,953,532	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	15,272,169				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	8,681,363				2.00
3.00	Total (sum of lines 1-2)	0	23,953,532				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet A-7  
Part III  
Date/Time Prepared:  
1/28/2015 4:15 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	364,177,989	0	364,177,989	0.750409	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	121,128,075	0	121,128,075	0.249591	0	2.00
3.00	Total (sum of lines 1-2)	485,306,064	0	485,306,064	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	13,759,494	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	7,992,628	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	21,752,122	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	11,694,586	430,345	0	0	25,884,425	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3,926,202	144,479	0	0	12,063,309	2.00
3.00	Total (sum of lines 1-2)	15,620,788	574,824	0	0	37,947,734	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet A-8

Date/Time Prepared:  
1/28/2015 4:15 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	Ref.
				Cost Center	Line #		
				3.00	4.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-187,106	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-62,817	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-2,915	PURCHASING RECEIVING AND STORES	5.03	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-80,065	PURCHASING RECEIVING AND STORES	5.03	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-20,286	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-19,633,431			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	53,198,349			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,374,818	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	A	-42,858	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16.00
17.00	Sale of drugs to other than patients	A	-37,137	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-34,649	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	A	-18,957	OPERATION OF PLANT	7.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 TELEPHONE DEPRECIATION	A	-713	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	33.00
34.00 VENDING HOUSEKEEPING	A	-20,982	HOUSEKEEPING	9.00	0	34.00
35.00 MEALS SOLD	B	-46,073	DIETARY	10.00	0	35.00
36.00 VISITORS MEALS	A	-505,201	CAFETERIA	11.00	0	36.00
38.00 LAB - BLDG	B	-169,529	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	38.00
39.00 LAB - ADMINISTRATION	B	-568	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	39.00
40.00 LAB - LAUNDRY	B	-5,728	LAUNDRY & LINEN SERVICE	8.00	0	40.00
41.00 LAB - HOUSEKEEPING	B	-91,086	HOUSEKEEPING	9.00	0	41.00
42.00 LAB - OPERATION OF PLANT	B	-249,158	OPERATION OF PLANT	7.00	0	42.00
44.00 CRNA	A	-179,800	DELIVERY ROOM & LABOR ROOM	52.00	0	44.00
45.00 HAMILTON CENTER OPERATION OF PLANT	A	-69,874	OPERATION OF PLANT	7.00	0	45.00
45.02 HAMILTON CENTER NUTRITION	A	-200,828	DIETARY	10.00	0	45.02
45.03 FITNESS ACTIVITY	B	-188,188	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.03
45.04 EQUIPMENT RENTAL	B	-8,027	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	45.04
45.08 UHF - HOUSEKEEPING	A	-1,296	HOUSEKEEPING	9.00	0	45.08
45.09 MISCELLANEOUS	B	-412,672	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.09
45.24 CATERING	B	-12,580	CAFETERIA	11.00	0	45.24
45.26 MANAGEMENT SERVICES	B	-24,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.26
45.27 PHYSICIAN MEALS	B	2,279	CAFETERIA	11.00	0	45.27
45.29 OTHER RENTAL	B	-35,810	OPERATION OF PLANT	7.00	0	45.29
45.32 UHF - ADMINISTRATION	A	-4,800	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.32
45.37 LOBBY PHARMACY	B	-343,935	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.37
45.38 LOBBYING COSTS	A	-6,550	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.38
45.39 AP&S REVENUE	B	-72,225	NONPATIENT TELEPHONES	5.01	0	45.39
45.40 AP&S REVENUE	B	-149,897	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.40
45.42 AP&S REVENUE	B	-497,421	DATA PROCESSING	5.02	0	45.42
45.43 AP&S REVENUE	B	-3,420	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.43
45.44 COH REVENUE	B	-41,938	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.44
45.45 COH REVENUE	B	-4,650	NONPATIENT TELEPHONES	5.01	0	45.45
45.47 PHYSICIAN RENTAL	A	-719,944	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.47
45.48 PHYSICIAN RENTAL	A	-729,519	OPERATION OF PLANT	7.00	0	45.48
45.49 ACCELERATED DEPRECIATION	A	-154,952	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.49
46.00 CHILD BIRTH CLASS	B	-25,986	DELIVERY ROOM & LABOR ROOM	52.00	0	46.00
46.01 CONTINUING EDUCATION	B	-17,681	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	46.01
46.02 EDUCATION SERVICES	B	-16,892	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	46.02
46.03 TRANSCRIPTION	B	-51,338	MEDICAL RECORDS & LIBRARY	16.00	0	46.03
46.04 VHA	B	-267,824	DRUGS CHARGED TO PATIENTS	73.00	0	46.04
46.05 PSUPP OFFSET	B	663	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	46.05
46.06 EMPLOYEE BENEFITS	B	-180	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46.06
46.07 TIME SAVERS	B	-107,471	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46.07
46.08 HOUSEKEEPING	B	-6,000	HOUSEKEEPING	9.00	0	46.08
46.09 LANDSBAUM	B	-76,708	OPERATION OF PLANT	7.00	0	46.09
46.10 MAPLE CENTER	B	-146,678	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	46.10
46.11 PROF SUPPORT UHS	B	-2,204	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	46.11
46.12 HAF EXPENSE	A	-19,287,012	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	46.12
46.13 CRNA S&W/BENEFITS	A	-267,646	DELIVERY ROOM & LABOR ROOM	52.00	0	46.13
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		6,481,268				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

ADJUSTMENTS TO EXPENSES

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet A-8

Date/Time Prepared:  
1/28/2015 4:15 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 150023

Period: From 09/01/2013 To 08/31/2014

Worksheet A-8-1

Date/Time Prepared: 1/28/2015 4:15 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	56.00	RADIOISOTOPE	LAB	1,114,226	831,827 1.00
2.00	60.00	LABORATORY	LAB	3,386,440	4,903,327 2.00
3.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	0	2,268,639 3.00
4.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	0	6,020,508 4.00
4.01	5.01	NONPATIENT TELEPHONES	HOME OFFICE	0	271,563 4.01
4.02	7.00	OPERATION OF PLANT	HOME OFFICE	0	1,345,971 4.02
4.03	9.00	HOUSEKEEPING	HOME OFFICE	0	660,052 4.03
4.04	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	2,060,309	0 4.04
4.05	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	5,340,513	0 4.05
4.06	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	16,124,715	0 4.06
4.07	5.01	NONPATIENT TELEPHONES	HOME OFFICE	231,689	0 4.07
4.08	5.02	DATA PROCESSING	HOME OFFICE	11,594,625	0 4.08
4.09	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE	1,170,416	0 4.09
4.10	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	7,184,958	0 4.10
4.11	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE	17,429,848	0 4.11
4.12	7.00	OPERATION OF PLANT	HOME OFFICE	2,618,808	0 4.12
4.13	9.00	HOUSEKEEPING	HOME OFFICE	599,439	0 4.13
4.14	10.00	DIETARY	HOME OFFICE	126,622	0 4.14
4.15	11.00	CAFETERIA	HOME OFFICE	222,918	0 4.15
4.16	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,037,709	0 4.16
4.17	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	356,150	0 4.17
4.18	23.01	OTHER MED ED	HOME OFFICE	211,890	0 4.18
4.19	50.00	OPERATING ROOM	HOME OFFICE	152,992	0 4.19
4.20	50.01	CARDIAC SURGERY	HOME OFFICE	12,905	0 4.20
4.21	50.02	WVSC	HOME OFFICE	101,315	0 4.21
4.22	51.00	RECOVERY ROOM	HOME OFFICE	3,878	0 4.22
4.23	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	124,530	0 4.23
4.24	57.00	CT SCAN	HOME OFFICE	188,954	0 4.24
4.25	58.00	MAGNETIC RESONANCE IMAGING (	HOME OFFICE	42,823	0 4.25
4.26	59.00	CARDIAC CATHETERIZATION	HOME OFFICE	259,679	0 4.26
4.27	66.00	PHYSICAL THERAPY	HOME OFFICE	-858,079	0 4.27
4.28	66.02	O/P PHYSICAL THERAPY	HOME OFFICE	104,773	0 4.28
4.29	67.00	OCCUPATIONAL THERAPY	HOME OFFICE	95,209	0 4.29
4.30	68.00	SPEECH PATHOLOGY	HOME OFFICE	33,982	0 4.30
4.31	69.00	ELECTROCARDIOLOGY	HOME OFFICE	48,175	0 4.31
4.32	69.01	CARDIAC REHAB	HOME OFFICE	3,646	0 4.32
4.33	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	22,541	0 4.33
4.34	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	506,351	0 4.34
4.35	90.07	WOUND CLINIC	HOME OFFICE	4,029	0 4.35
4.36	66.00	PHYSICAL THERAPY	UNION THERAPIES	618,053	2,417,163 4.36
4.37	66.02	O/P PHYSICAL THERAPY	UNION THERAPIES	1,132,293	1,319,507 4.37
4.38	67.00	OCCUPATIONAL THERAPY	UNION THERAPIES	349,614	0 4.38
4.39	68.00	SPEECH PATHOLOGY	UNION THERAPIES	110,307	123,596 4.39
4.40	194.06	SYCAMORE SPORTS MED	UNION THERAPIES	0	508,743 4.40
5.00	0			73,869,245	20,670,896 5.00

\* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
<b>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	G		0.00	TH MEDICAL LAB	100.00	6.00
7.00	G		0.00	UNION HOSPITAL	100.00	7.00
8.00	G		0.00	UNION THERAPY	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet A-8-1

Date/Time Prepared:  
1/28/2015 4:15 pm

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
				Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
100.00	G. Other (financial or non-financial) specify:	OTHER				100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet A-8-1

Date/Time Prepared:  
1/28/2015 4:15 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	282,399	0		1.00
2.00	-1,516,887	0		2.00
3.00	-2,268,639	9		3.00
4.00	-6,020,508	9		4.00
4.01	-271,563	0		4.01
4.02	-1,345,971	0		4.02
4.03	-660,052	0		4.03
4.04	2,060,309	9		4.04
4.05	5,340,513	9		4.05
4.06	16,124,715	0		4.06
4.07	231,689	0		4.07
4.08	11,594,625	0		4.08
4.09	1,170,416	0		4.09
4.10	7,184,958	0		4.10
4.11	17,429,848	0		4.11
4.12	2,618,808	0		4.12
4.13	599,439	0		4.13
4.14	126,622	0		4.14
4.15	222,918	0		4.15
4.16	1,037,709	0		4.16
4.17	356,150	0		4.17
4.18	211,890	0		4.18
4.19	152,992	0		4.19
4.20	12,905	0		4.20
4.21	101,315	0		4.21
4.22	3,878	0		4.22
4.23	124,530	0		4.23
4.24	188,954	0		4.24
4.25	42,823	0		4.25
4.26	259,679	0		4.26
4.27	-858,079	0		4.27
4.28	104,773	0		4.28
4.29	95,209	0		4.29
4.30	33,982	0		4.30
4.31	48,175	0		4.31
4.32	3,646	0		4.32
4.33	22,541	0		4.33
4.34	506,351	0		4.34
4.35	4,029	0		4.35
4.36	-1,799,110	0		4.36
4.37	-187,214	0		4.37
4.38	349,614	0		4.38
4.39	-13,289	0		4.39
4.40	-508,743	0		4.40
5.00	53,198,349			5.00

\* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
<b>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	LAB		6.00
7.00	HOME OFFICE		7.00
8.00	THERAPIES		8.00
9.00			9.00
10.00			10.00
100.00			100.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet A-8-1

Date/Time Prepared:  
1/28/2015 4:15 pm

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet A-8-2

Date/Time Prepared:  
1/28/2015 4:15 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,075,410	0	1,075,410	171,400	9,972	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,615,483	2,548,816	66,667	136,700	267	2.00
3.00	35.00	INTENSIVE NURSERY	264,200	264,200	0	152,100	0	3.00
4.00	41.00	SUBPROVIDER - IRF	95,625	0	95,625	171,400	1,300	4.00
5.00	50.00	OPERATING ROOM	5,469,150	5,469,150	0	204,100	0	5.00
6.00	50.01	CARDIAC SURGERY	2,030,597	2,030,597	0	204,100	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	382,851	382,851	0	194,500	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	6,197,090	6,172,090	25,000	231,100	167	8.00
9.00	56.00	RADIOISOTOPE	29,400	29,400	0	231,100	0	9.00
10.00	60.00	LABORATORY	650,000	0	650,000	219,500	4,800	10.00
11.00	65.00	RESPIRATORY THERAPY	17,732	0	17,732	171,400	93	11.00
12.00	69.00	ELECTROCARDIOLOGY	87,765	78,490	9,275	231,100	120	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	2,194,799	2,194,799	0	231,100	0	13.00
14.00	90.05	PATIENT NUTRITION	1,250	0	1,250	171,400	5	14.00
200.00			21,111,352	19,170,393	1,940,959		16,724	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	821,731	41,087	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	17,547	877	0	0	14,954	2.00
3.00	35.00	INTENSIVE NURSERY	0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	107,125	5,356	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	40,115	5.00
6.00	50.01	CARDIAC SURGERY	0	0	0	0	34,459	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	5,288	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	18,555	928	0	0	47,939	8.00
9.00	56.00	RADIOISOTOPE	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	506,538	25,327	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	7,664	383	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	13,333	667	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	59,398	13.00
14.00	90.05	PATIENT NUTRITION	412	21	0	0	0	14.00
200.00			1,492,905	74,646	0	0	202,153	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	821,731	253,679	253,679		1.00
2.00	30.00	ADULTS & PEDIATRICS	381	17,928	48,739	2,597,555		2.00
3.00	35.00	INTENSIVE NURSERY	0	0	0	264,200		3.00
4.00	41.00	SUBPROVIDER - IRF	0	107,125	0	0		4.00
5.00	50.00	OPERATING ROOM	0	0	0	5,469,150		5.00
6.00	50.01	CARDIAC SURGERY	0	0	0	2,030,597		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	382,851		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	193	18,748	6,252	6,178,342		8.00
9.00	56.00	RADIOISOTOPE	0	0	0	29,400		9.00
10.00	60.00	LABORATORY	0	506,538	143,462	143,462		10.00
11.00	65.00	RESPIRATORY THERAPY	0	7,664	10,068	10,068		11.00
12.00	69.00	ELECTROCARDIOLOGY	0	13,333	0	78,490		12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	2,194,799		13.00
14.00	90.05	PATIENT NUTRITION	0	412	838	838		14.00
200.00			574	1,493,479	463,038	19,633,431		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
1/28/2015 4:15 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	25,884,425	25,884,425			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	12,063,309		12,063,309		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	17,988,895	194,736	0	18,183,631	4.00
5.01 00540	NONPATIENT TELEPHONES	971,638	17,495	96,239	108,578	1,193,950
5.02 00550	DATA PROCESSING	11,097,204	0	0	0	0
5.03 00560	PURCHASING RECEIVING AND STORES	1,087,436	0	0	0	0
5.04 00570	ADMINISTRATIVE	2,065,108	81,537	18,525	232,865	21,708
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	7,184,958	0	0	0	0
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	22,703,197	447,895	133,966	769,372	82,491
7.00 00700	OPERATION OF PLANT	6,751,763	8,987,516	314,182	10,494	49,929
8.00 00800	LAUNDRY & LINEN SERVICE	1,058,523	159,453	181,784	135,651	4,342
9.00 00900	HOUSEKEEPING	6,115,351	141,478	327,319	521,798	5,427
10.00 01000	DIETARY	2,313,919	292,277	383,901	248,710	32,562
11.00 01100	CAFETERIA	225,316	208,556	30,792	101,324	0
13.00 01300	NURSING ADMINISTRATION	3,162,876	63,270	6,181	313,210	7,598
16.00 01600	MEDICAL RECORDS & LIBRARY	3,670,217	140,680	108,823	396,039	39,075
17.00 01700	SOCIAL SERVICE	170,231	5,219	0	25,572	4,342
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,337,695	0	0	206,561	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,461,604	0	0	270,203	0
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	249,982	0	0	34,771	0
23.01 02341	OTHER MEDICAL	321,514	0	0	16,686	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	21,319,048	5,007,425	1,596,876	3,270,968	197,545
31.00 03100	INTENSIVE CARE UNIT	7,643,589	612,194	688,002	1,027,026	31,477
35.00 02040	INTENSIVE NURSERY	2,196,015	76,691	154,142	304,393	19,537
41.00 04100	SUBPROVIDER - IRF	2,126,561	525,145	71,668	286,750	37,989
43.00 04300	NURSERY	1,126,348	104,571	11,206	167,417	4,342
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	11,004,440	1,084,721	2,003,652	1,466,027	71,637
50.01 05001	CARDIAC SURGERY	1,935,586	47,932	267,402	354,865	7,598
50.02 05002	WVSC	11,790,565	799,607	316,739	4,773	0
51.00 05100	RECOVERY ROOM	1,863,506	38,132	141,882	260,065	18,452
51.02 05101	O/P TREATMENT ROOM	3,860,124	568,363	198,275	546,281	30,391
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,276,897	554,011	434,595	528,564	27,135
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,399,824	922,952	1,256,966	1,814,175	68,381
55.00 05500	RADIOLOGY-THERAPEUTIC	5,019,759	702,732	719,089	64,354	46,673
56.00 05600	RADIOISOTOPE	1,942,339	39,091	4,290	31,403	0
57.00 05700	CT SCAN	2,494,632	57,838	809	180,063	7,598
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,940,722	69,048	62,290	91,801	5,427
59.00 05900	CARDIAC CATHETERIZATION	17,806,664	444,540	79,253	107,523	39,075
60.00 06000	LABORATORY	7,636,170	0	0	0	6,512
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,854,833	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	3,770,278	56,826	229,939	448,351	16,281
66.00 06600	PHYSICAL THERAPY	324,475	251,535	51,969	128,760	23,879
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02 06602	O/P PHYSICAL THERAPY	2,306,512	0	77,220	89,175	3,256
67.00 06700	OCCUPATIONAL THERAPY	1,082,148	81,644	12,541	76,635	6,512
68.00 06800	SPEECH PATHOLOGY	405,515	68,809	7,105	28,437	2,171
69.00 06900	ELECTROCARDIOLOGY	1,860,251	34,750	215,117	237,342	7,598
69.01 06901	CARDIAC REHAB	358,459	191,727	67,346	50,574	7,598
70.00 07000	ELECTROENCEPHALOGRAPHY	899,554	40,076	64,744	368,768	18,452
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	970,431	152,103	71,046	0	15,196
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,485,140	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	36,569,001	341,966	162,622	571,856	48,843
76.00 03020	RENAL ACUTE	1,433,920	93,866	1,017	0	6,512
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0
90.05 09005	PATIENT NUTRITION	299,977	51,393	2,323	43,613	0
90.07 09007	WOUND CLINIC	1,165,795	103,825	23,684	57,735	13,025
91.00 09100	EMERGENCY	6,277,332	640,980	666,857	784,019	57,527
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	313,331,571	24,504,605	11,262,378	16,783,547	1,094,093
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00 07950	RURAL HEALTH	3,010,805	0	54,439	256,446	1,085
194.01 07951	RENTAL PROPERTY	259,330	0	10,829	24,819	0
194.02 07954	FAMILY PRACTICE	2,295,491	987,153	450,423	306,169	61,868

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.03 07952 WELLNESS	384,825	316,349	0	46,569	0	194.03
194.04 07955 PHYSICIAN PRACTICES	7,314,190	0	267,057	692,962	24,964	194.04
194.06 07953 SYCAMORE SPORTS MED	147,475	0	8,433	28,144	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	609,115	76,318	9,750	44,975	11,940	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	327,352,802	25,884,425	12,063,309	18,183,631	1,193,950	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING	11,097,204				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,087,436			5.03
5.04	00570	ADMINITTING	123,302	1,177	2,544,222		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	7,184,958	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	657,612	38	0	0	24,794,571
7.00	00700	OPERATION OF PLANT	195,229	24	0	0	16,309,137
8.00	00800	LAUNDRY & LINEN SERVICE	41,101	1,670	0	0	1,582,524
9.00	00900	HOUSEKEEPING	10,275	15,513	0	0	7,137,161
10.00	01000	DIETARY	143,853	81	0	0	3,415,303
11.00	01100	CAFETERIA	51,376	0	0	0	617,364
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	3,553,135
16.00	01600	MEDICAL RECORDS & LIBRARY	595,961	222	0	0	4,951,017
17.00	01700	SOCIAL SERVICE	30,826	0	0	0	236,190
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,544,256
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,731,807
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	284,753
23.01	02341	OTHER MED ED	0	0	0	0	338,200
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,870,081	237,048	415,127	525,655	34,439,773
31.00	03100	INTENSIVE CARE UNIT	246,605	178,931	149,767	179,704	10,757,295
35.00	02040	INTENSIVE NURSERY	51,376	18,568	69,228	83,068	2,973,018
41.00	04100	SUBPROVIDER - I&R	585,686	11,914	19,827	23,800	3,689,340
43.00	04300	NURSERY	41,101	0	26,284	31,539	1,512,808
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	431,558	30,550	493,440	968,727	17,554,752
50.01	05001	CARDIAC SURGERY	41,101	242,095	63,487	79,323	3,039,389
50.02	05002	WVSC	0	4,824	0	627,356	13,543,864
51.00	05100	RECOVERY ROOM	71,926	24,102	8,297	23,495	2,449,857
51.02	05101	O/P TREATMENT ROOM	0	71,382	17,685	121,632	5,414,133
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,376	96,489	63,860	100,370	5,133,297
54.00	05400	RADIOLOGY-DIAGNOSTIC	801,465	12,595	58,935	385,051	13,720,344
55.00	05500	RADIOLOGY-THERAPEUTIC	41,101	561	9,888	210,470	6,814,627
56.00	05600	RADIOISOTOPE	0	354	5,000	62,006	2,084,483
57.00	05700	CT SCAN	0	40,502	113,689	501,962	3,397,093
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	41,101	861	17,682	113,789	2,342,721
59.00	05900	CARDIAC CATHETERIZATION	195,229	8,124	132,149	570,487	19,383,044
60.00	06000	LABORATORY	20,550	0	187,627	471,197	8,322,056
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	10,596	16,000	1,881,429
65.00	06500	RESPIRATORY THERAPY	71,926	29,942	72,077	92,948	4,788,568
66.00	06600	PHYSICAL THERAPY	226,054	648	29,382	57,170	1,093,872
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	82,202	1,198	0	36,504	2,596,067
67.00	06700	OCCUPATIONAL THERAPY	0	37	13,237	23,102	1,295,856
68.00	06800	SPEECH PATHOLOGY	10,275	4	4,164	9,585	536,065
69.00	06900	ELECTROCARDIOLOGY	123,302	3,811	43,963	94,278	2,620,412
69.01	06901	CARDIAC REHAB	20,550	163	909	7,136	704,462
70.00	07000	ELECTROENCEPHALOGRAPHY	41,101	412	14,270	44,112	1,491,489
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	690	12,439	15,603	1,237,508
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	11,485,140
73.00	07300	DRUGS CHARGED TO PATIENTS	164,403	9,838	366,820	1,051,821	39,287,170
76.00	03020	RENAL ACUTE	0	4,583	16,394	20,761	1,577,053
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.05	09005	PATIENT NUTRITION	0	16	0	1,390	398,712
90.07	09007	WOUND CLINIC	41,101	5,712	0	24,626	1,435,503
91.00	09100	EMERGENCY	1,736,507	23,707	107,999	610,291	10,905,219
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,857,212	1,078,386	2,544,222	7,184,958	307,401,837
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,826	0	0	0	30,826
194.00	07950	RURAL HEALTH	637,062	2,233	0	0	3,962,070
194.01	07951	RENTAL PROPERTY	0	0	0	0	294,978
194.02	07954	FAMILY PRACTICE	1,150,821	1,171	0	0	5,253,096
194.03	07952	WELLNESS	0	0	0	0	747,743
194.04	07955	PHYSICIAN PRACTICES	339,081	5,616	0	0	8,643,870
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	184,052
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	82,202	30	0	0	834,330

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	11,097,204	1,087,436	2,544,222	7,184,958	327,352,802	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:  
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590	24,794,571					5.06
7.00	00700	1,336,534	17,645,671				7.00
8.00	00800	129,688	174,163	1,886,375			8.00
9.00	00900	584,890	154,531	6,245	7,882,827		9.00
10.00	01000	279,884	319,241	0	145,321	4,159,749	10.00
11.00	01100	50,593	227,797	0	103,695	0	11.00
13.00	01300	291,179	69,107	0	31,458	0	13.00
16.00	01600	405,736	153,658	0	69,946	0	16.00
17.00	01700	19,356	5,701	0	2,595	0	17.00
21.00	02100	126,552	0	0	0	0	21.00
22.00	02200	223,872	0	0	0	0	22.00
23.00	02300	23,336	0	0	0	0	23.00
23.01	02341	27,715	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	2,822,339	5,469,391	592,449	2,489,712	2,932,863	30.00
31.00	03100	881,560	668,673	126,871	304,385	551,711	31.00
35.00	02040	243,639	83,766	12,619	38,131	0	35.00
41.00	04100	302,341	573,593	34,769	261,104	229,418	41.00
43.00	04300	123,975	114,218	0	51,993	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,438,612	1,184,793	118,422	539,327	0	50.00
50.01	05001	249,078	52,354	161	23,832	0	50.01
50.02	05002	1,109,920	873,376	145,809	397,568	0	50.02
51.00	05100	200,766	41,650	69,126	18,960	0	51.00
51.02	05101	443,688	620,799	106,423	282,593	426,562	51.02
52.00	05200	420,674	605,122	108,756	275,456	3,348	52.00
54.00	05400	1,124,382	1,008,100	62,594	458,895	42	54.00
55.00	05500	558,459	767,563	0	349,401	0	55.00
56.00	05600	170,823	42,697	33,674	19,436	0	56.00
57.00	05700	278,392	63,173	6,663	28,757	0	57.00
58.00	05800	191,986	75,418	50,988	34,331	0	58.00
59.00	05900	1,588,440	485,552	13,841	221,027	15,805	59.00
60.00	06000	681,992	0	18,271	0	0	60.00
62.00	06200	154,183	0	0	0	0	62.00
65.00	06500	392,423	62,068	0	28,254	0	65.00
66.00	06600	89,643	274,741	14,497	125,064	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	212,748	0	0	0	0	66.02
67.00	06700	106,195	89,176	0	40,594	0	67.00
68.00	06800	43,931	75,157	13,868	34,212	0	68.00
69.00	06900	214,743	37,956	5,220	17,278	0	69.00
69.01	06901	57,731	209,415	0	95,327	0	69.01
70.00	07000	122,228	43,774	0	19,926	0	70.00
71.00	07100	101,414	166,136	0	75,626	0	71.00
72.00	07200	941,207	0	0	0	0	72.00
73.00	07300	3,219,508	373,515	4,764	170,027	0	73.00
76.00	03020	129,239	102,526	18,368	46,671	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.05	09005	32,674	56,135	274,316	25,553	0	90.05
90.07	09007	117,639	113,404	526	51,622	0	90.07
91.00	09100	893,683	700,114	985	318,698	0	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		23,159,590	16,138,553	1,840,225	7,196,775	4,159,749	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	2,526	0	0	0	0	190.00
194.00	07950	324,692	0	2,736	0	0	194.00
194.01	07951	24,173	0	0	0	0	194.01
194.02	07954	430,491	1,078,225	991	490,816	0	194.02
194.03	07952	61,278	345,534	0	157,290	0	194.03
194.04	07955	708,365	0	5,750	0	0	194.04
194.06	07953	15,083	0	0	0	0	194.06
194.07	07956	68,373	83,359	36,673	37,946	0	194.07

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	24,794,571	17,645,671	1,886,375	7,882,827	4,159,749	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:  
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
					SERVICES-SALARY & FRINGES		
	11.00	13.00	16.00	17.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMI TTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA	999,449					11.00	
13.00 01300 NURSING ADMINISTRATION	17,671	3,962,550				13.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	42,586	0	5,622,943			16.00	
17.00 01700 SOCIAL SERVICE	1,831	10,074	0	275,747		17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	16,557	0	0	0	1,687,365	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	4,935	0	0	0	0	22.00	
23.00 02300 PARAMED ED PRGM-(SPECIFY)	2,388	0	0	0	0	23.00	
23.01 02341 OTHER MED ED	637	3,504	0	0	0	23.01	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	266,975	1,349,464	411,382	165,016	526,459	30.00	
31.00 03100 INTENSIVE CARE UNIT	80,395	442,376	140,638	16,004	28,685	31.00	
35.00 02040 INTENSIVE NURSERY	22,049	121,325	65,010	17,734	53,996	35.00	
41.00 04100 SUBPROVIDER - I&R	24,676	135,779	18,626	1,514	0	41.00	
43.00 04300 NURSERY	14,089	77,087	24,683	0	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	57,789	317,985	758,134	865	167,049	50.00	
50.01 05001 CARDIAC SURGERY	6,527	25,842	62,079	0	0	50.01	
50.02 05002 WVSC	557	3,066	490,975	216	0	50.02	
51.00 05100 RECOVERY ROOM	19,581	107,747	18,388	0	0	51.00	
51.02 05101 O/P TREATMENT ROOM	48,317	265,864	95,190	33,090	0	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	34,705	183,520	78,550	0	177,173	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	64,396	0	301,344	216	13,499	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	4,776	0	164,715	649	0	55.00	
56.00 05600 RADIOISOTOPE	2,786	0	48,526	0	0	56.00	
57.00 05700 CT SCAN	11,462	0	392,840	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	5,811	0	89,052	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	7,960	18,396	446,468	216	0	59.00	
60.00 06000 LABORATORY	0	0	368,763	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	12,521	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	32,795	180,454	72,742	0	10,124	65.00	
66.00 06600 PHYSICAL THERAPY	9,313	51,246	44,742	0	0	66.00	
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01	
66.02 06602 O/P PHYSICAL THERAPY	6,607	36,354	28,568	0	0	66.02	
67.00 06700 OCCUPATIONAL THERAPY	5,572	30,660	18,079	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	2,070	11,388	7,501	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	21,173	0	73,782	0	28,685	69.00	
69.01 06901 CARDIAC REHAB	3,582	0	5,585	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	5,254	0	34,522	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	12,211	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	34,626	167,314	823,101	0	6,749	73.00	
76.00 03020 RENAL ACUTE	0	0	16,247	0	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.05 09005 PATIENT NUTRITION	3,343	18,396	1,088	0	0	90.05	
90.07 09007 WOUND CLINIC	4,219	23,214	19,272	1,298	11,812	90.07	
91.00 09100 EMERGENCY	66,704	367,041	477,619	38,713	244,668	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	954,714	3,948,096	5,622,943	275,531	1,268,899	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
194.00 07950 RURAL HEALTH	0	0	0	0	5,062	194.00	
194.01 07951 RENTAL PROPERTY	0	0	0	0	0	194.01	
194.02 07954 FAMILY PRACTICE	25,233	0	0	216	413,404	194.02	
194.03 07952 WELLNESS	0	0	0	0	0	194.03	
194.04 07955 PHYSICIAN PRACTICES	13,771	0	0	0	0	194.04	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
1/28/2015 4:15 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
					SERVICES-SALARY & FRINGES		
	11.00	13.00	16.00	17.00	21.00		
194.06 07953 SYCAMORE SPORTS MED	3,104	14,454	0	0	0	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,627	0	0	0	0	0	194.07
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	999,449	3,962,550	5,622,943	275,747	1,687,365	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

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To 08/31/2014

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	OTHER MED ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-OTHER PRGM COSTS						
	22.00	23.00	23.01	24.00	25.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMITTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00	
17.00 01700 SOCIAL SERVICE						17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,960,614					22.00	
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	310,477				23.00	
23.01 02341 OTHER MED ED	0	0	370,056			23.01	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	923,713	0	0	52,389,536	-1,450,172	30.00	
31.00 03100 INTENSIVE CARE UNIT	50,330	0	0	14,048,923	-79,015	31.00	
35.00 02040 INTENSIVE NURSERY	94,740	0	0	3,726,027	-148,736	35.00	
41.00 04100 SUBPROVIDER - IRF	0	0	0	5,271,160	0	41.00	
43.00 04300 NURSERY	0	0	0	1,918,853	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	293,101	0	0	22,430,829	-460,150	50.00	
50.01 05001 CARDIAC SURGERY	0	0	0	3,459,262	0	50.01	
50.02 05002 WVSC	0	0	0	16,565,351	0	50.02	
51.00 05100 RECOVERY ROOM	0	0	0	2,926,075	0	51.00	
51.02 05101 O/P TREATMENT ROOM	0	0	0	7,736,659	0	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	310,864	0	0	7,331,465	-488,037	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	23,685	310,477	0	17,087,974	-37,184	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	8,660,190	0	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	2,402,425	0	56.00	
57.00 05700 CT SCAN	0	0	0	4,178,380	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,790,307	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	22,180,749	0	59.00	
60.00 06000 LABORATORY	0	0	0	9,391,082	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	2,048,133	0	62.00	
65.00 06500 RESPIRATORY THERAPY	17,764	0	0	5,585,192	-27,888	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	1,703,118	0	66.00	
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01	
66.02 06602 O/P PHYSICAL THERAPY	0	0	0	2,880,344	0	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,586,132	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	724,192	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	50,330	0	0	3,069,579	-79,015	69.00	
69.01 06901 CARDIAC REHAB	0	0	0	1,076,102	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,717,193	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,592,895	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,426,347	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	11,842	0	370,056	44,468,672	-18,591	73.00	
76.00 03020 RENAL ACUTE	0	0	0	1,890,104	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.05 09005 PATIENT NUTRITION	0	0	0	810,217	0	90.05	
90.07 09007 WOUND CLINIC	20,724	0	0	1,799,233	-32,536	90.07	
91.00 09100 EMERGENCY	429,289	0	0	14,442,733	-673,957	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,226,382	310,477	370,056	302,315,433	-3,495,281	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	33,352	0	190.00	
194.00 07950 RURAL HEALTH	8,882	0	0	4,303,442	-13,944	194.00	
194.01 07951 RENTAL PROPERTY	0	0	0	319,151	0	194.01	
194.02 07954 FAMILY PRACTICE	725,350	0	0	8,417,822	-1,138,754	194.02	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:  
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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	OTHER MED ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
194.03 07952 WELLNESS	0	0	0	1,311,845	0	194.03
194.04 07955 PHYSICIAN PRACTICES	0	0	0	9,371,756	0	194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	0	216,693	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,063,308	0	194.07
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,960,614	310,477	370,056	327,352,802	-4,647,979	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMIN TTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02341 OTHER MED ED		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	50,939,364	30.00
31.00	03100 INTENSIVE CARE UNIT	13,969,908	31.00
35.00	02040 INTENSIVE NURSERY	3,577,291	35.00
41.00	04100 SUBPROVIDER - I RF	5,271,160	41.00
43.00	04300 NURSERY	1,918,853	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	21,970,679	50.00
50.01	05001 CARDIAC SURGERY	3,459,262	50.01
50.02	05002 WVSC	16,565,351	50.02
51.00	05100 RECOVERY ROOM	2,926,075	51.00
51.02	05101 O/P TREATMENT ROOM	7,736,659	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,843,428	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,050,790	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	8,660,190	55.00
56.00	05600 RADIOISOTOPE	2,402,425	56.00
57.00	05700 CT SCAN	4,178,380	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,790,307	58.00
59.00	05900 CARDIAC CATHETERIZATION	22,180,749	59.00
60.00	06000 LABORATORY	9,391,082	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,048,133	62.00
65.00	06500 RESPIRATORY THERAPY	5,557,304	65.00
66.00	06600 PHYSICAL THERAPY	1,703,118	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	2,880,344	66.02
67.00	06700 OCCUPATIONAL THERAPY	1,586,132	67.00
68.00	06800 SPEECH PATHOLOGY	724,192	68.00
69.00	06900 ELECTROCARDIOLOGY	2,990,564	69.00
69.01	06901 CARDIAC REHAB	1,076,102	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,717,193	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,592,895	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	12,426,347	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	44,450,081	73.00
76.00	03020 RENAL ACUTE	1,890,104	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	0	90.00
90.05	09005 PATIENT NUTRITION	810,217	90.05
90.07	09007 WOUND CLINIC	1,766,697	90.07
91.00	09100 EMERGENCY	13,768,776	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00	SUBTOTALS (SUM OF LINES 1-117)	298,820,152	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,352	190.00
194.00	07950 RURAL HEALTH	4,289,498	194.00
194.01	07951 RENTAL PROPERTY	319,151	194.01
194.02	07954 FAMILY PRACTICE	7,279,068	194.02
194.03	07952 WELLNESS	1,311,845	194.03
194.04	07955 PHYSICIAN PRACTICES	9,371,756	194.04
194.06	07953 SYCAMORE SPORTS MED	216,693	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,063,308	194.07
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150023

Period:  
From 09/01/2013  
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Cost Center Description		Total	
		26.00	
202.00	TOTAL (sum lines 118-201)	322,704,823	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet B  
Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	194,736	0	194,736	4.00
5.01 00540	NONPATIENT TELEPHONES	0	17,495	96,239	113,734	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00570	ADMITTING	6,069	81,537	18,525	106,131	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	71,322	447,895	133,966	653,183	5.06
7.00 00700	OPERATION OF PLANT	24,000	8,987,516	314,182	9,325,698	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2	159,453	181,784	341,239	8.00
9.00 00900	HOUSEKEEPING	3,010	141,478	327,319	471,807	9.00
10.00 01000	DIETARY	26,215	292,277	383,901	702,393	10.00
11.00 01100	CAFETERIA	0	208,556	30,792	239,348	11.00
13.00 01300	NURSING ADMINISTRATION	1,925	63,270	6,181	71,376	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,006	140,680	108,823	255,509	16.00
17.00 01700	SOCIAL SERVICE	0	5,219	0	5,219	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02341	OTHER MED ED	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	100,011	5,007,425	1,596,876	6,704,312	30.00
31.00 03100	INTENSIVE CARE UNIT	105,527	612,194	688,002	1,405,723	31.00
35.00 02040	INTENSIVE NURSERY	4,200	76,691	154,142	235,033	35.00
41.00 04100	SUBPROVIDER - I RF	9,600	525,145	71,668	606,413	41.00
43.00 04300	NURSERY	3,409	104,571	11,206	119,186	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	890,482	1,084,721	2,003,652	3,978,855	50.00
50.01 05001	CARDIAC SURGERY	74,450	47,932	267,402	389,784	50.01
50.02 05002	WVSC	395,756	799,607	316,739	1,512,102	50.02
51.00 05100	RECOVERY ROOM	1,601	38,132	141,882	181,615	51.00
51.02 05101	O/P TREATMENT ROOM	6,227	568,363	198,275	772,865	51.02
52.00 05200	DELIVERY ROOM & LABOR ROOM	40,683	554,011	434,595	1,029,289	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	932,513	922,952	1,256,966	3,112,431	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	826,874	702,732	719,089	2,248,695	55.00
56.00 05600	RADIOISOTOPE	251,926	39,091	4,290	295,307	56.00
57.00 05700	CT SCAN	389,586	57,838	809	448,233	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	788,684	69,048	62,290	920,022	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,923,727	444,540	79,253	3,447,520	59.00
60.00 06000	LABORATORY	486,358	0	0	486,358	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	318,919	56,826	229,939	605,684	65.00
66.00 06600	PHYSICAL THERAPY	3,639	251,535	51,969	307,143	66.00
66.01 06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02 06602	O/P PHYSICAL THERAPY	236,716	0	77,220	313,936	66.02
67.00 06700	OCCUPATIONAL THERAPY	91,376	81,644	12,541	185,561	67.00
68.00 06800	SPEECH PATHOLOGY	36,875	68,809	7,105	112,789	68.00
69.00 06900	ELECTROCARDIOLOGY	102,804	34,750	215,117	352,671	69.00
69.01 06901	CARDIAC REHAB	1,999	191,727	67,346	261,072	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	70,114	40,076	64,744	174,934	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	86,053	152,103	71,046	309,202	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	736,040	341,966	162,622	1,240,628	73.00
76.00 03020	RENAL ACUTE	1,193	93,866	1,017	96,076	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	90.00
90.05 09005	PATIENT NUTRITION	2,076	51,393	2,323	55,792	90.05
90.07 09007	WOUND CLINIC	2,164	103,825	23,684	129,673	90.07
91.00 09100	EMERGENCY	27,815	640,980	666,857	1,335,652	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,087,946	24,504,605	11,262,378	45,854,929	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00 07950	RURAL HEALTH	209,479	0	54,439	263,918	194.00
194.01 07951	RENTAL PROPERTY	534	0	10,829	11,363	194.01
194.02 07954	FAMILY PRACTICE	20,791	987,153	450,423	1,458,367	194.02
194.03 07952	WELLNESS	0	316,349	0	316,349	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet B  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
194.04 07955 PHYSICIAN PRACTICES	344,988	0	267,057	612,045	7,421	194.04
194.06 07953 SYCAMORE SPORTS MED	0	0	8,433	8,433	301	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,805	76,318	9,750	90,873	482	194.07
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	10,668,543	25,884,425	12,063,309	48,616,277	194,736	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	114,897					5.01
5.02	00550	0	0				5.02
5.03	00560	0	0	0			5.03
5.04	00570	2,089	0	0	110,714		5.04
5.05	00580	0	0	0	0	0	5.05
5.06	00590	7,938	0	0	0	0	5.06
7.00	00700	4,805	0	0	0	0	7.00
8.00	00800	418	0	0	0	0	8.00
9.00	00900	522	0	0	0	0	9.00
10.00	01000	3,134	0	0	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	731	0	0	0	0	13.00
16.00	01600	3,760	0	0	0	0	16.00
17.00	01700	418	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02341	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	19,012	0	0	18,086	0	30.00
31.00	03100	3,029	0	0	6,525	0	31.00
35.00	02040	1,880	0	0	3,016	0	35.00
41.00	04100	3,656	0	0	864	0	41.00
43.00	04300	418	0	0	1,145	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	6,894	0	0	21,367	0	50.00
50.01	05001	731	0	0	2,766	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	1,776	0	0	361	0	51.00
51.02	05101	2,925	0	0	771	0	51.02
52.00	05200	2,611	0	0	2,782	0	52.00
54.00	05400	6,580	0	0	2,568	0	54.00
55.00	05500	4,491	0	0	431	0	55.00
56.00	05600	0	0	0	218	0	56.00
57.00	05700	731	0	0	4,953	0	57.00
58.00	05800	522	0	0	770	0	58.00
59.00	05900	3,760	0	0	5,757	0	59.00
60.00	06000	627	0	0	8,174	0	60.00
62.00	06200	0	0	0	462	0	62.00
65.00	06500	1,567	0	0	3,140	0	65.00
66.00	06600	2,298	0	0	1,280	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	313	0	0	0	0	66.02
67.00	06700	627	0	0	577	0	67.00
68.00	06800	209	0	0	181	0	68.00
69.00	06900	731	0	0	1,915	0	69.00
69.01	06901	731	0	0	40	0	69.01
70.00	07000	1,776	0	0	622	0	70.00
71.00	07100	1,462	0	0	542	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	4,700	0	0	15,982	0	73.00
76.00	03020	627	0	0	714	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.05	09005	0	0	0	0	0	90.05
90.07	09007	1,253	0	0	0	0	90.07
91.00	09100	5,536	0	0	4,705	0	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		105,288	0	0	110,714	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	104	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07954	5,954	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07955	2,402	0	0	0	0	194.04
194.06	07953	0	0	0	0	0	194.06
194.07	07956	1,149	0	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150023			Period: From 09/01/2013 To 08/31/2014		Worksheet B Part II Date/Time Prepared: 1/28/2015 4:15 pm	
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE		
		5.01	5.02	5.03	5.04	5.05		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	114,897	0	0	110,714	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet B Part II Date/Time Prepared: 1/28/2015 4:15 pm		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	669,361				5.06
7.00	00700	OPERATION OF PLANT	36,076	9,366,691			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,501	92,450	439,061		8.00
9.00	00900	HOUSEKEEPING	15,787	82,028	1,454	577,186	9.00
10.00	01000	DIETARY	7,555	169,460	0	10,641	895,847
11.00	01100	CAFETERIA	1,366	120,919	0	7,593	0
13.00	01300	NURSING ADMINISTRATION	7,860	36,683	0	2,303	0
16.00	01600	MEDICAL RECORDS & LIBRARY	10,952	81,565	0	5,122	0
17.00	01700	SOCIAL SERVICE	522	3,026	0	190	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,416	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,043	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	630	0	0	0	0
23.01	02341	OTHER MED ED	748	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	76,181	2,903,268	137,894	182,299	631,623
31.00	03100	INTENSIVE CARE UNIT	23,795	354,946	29,530	22,287	118,817
35.00	02040	INTENSIVE NURSERY	6,576	44,465	2,937	2,792	0
41.00	04100	SUBPROVIDER - I&R	8,161	304,475	8,093	19,118	49,408
43.00	04300	NURSERY	3,346	60,629	0	3,807	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	38,831	628,913	27,563	39,490	0
50.01	05001	CARDIAC SURGERY	6,723	27,790	37	1,745	0
50.02	05002	WVSC	29,959	463,606	33,938	29,110	0
51.00	05100	RECOVERY ROOM	5,419	22,109	16,089	1,388	0
51.02	05101	O/P TREATMENT ROOM	11,976	329,533	24,770	20,692	91,865
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,355	321,211	25,313	20,169	721
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,349	535,120	14,569	33,601	9
55.00	05500	RADIOLOGY-THERAPEUTIC	15,074	407,439	0	25,583	0
56.00	05600	RADIOISOTOPE	4,611	22,665	7,838	1,423	0
57.00	05700	CT SCAN	7,514	33,534	1,551	2,106	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,182	40,034	11,868	2,514	0
59.00	05900	CARDIAC CATHETERIZATION	42,875	257,741	3,222	16,184	3,404
60.00	06000	LABORATORY	18,408	0	4,253	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,162	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	10,592	32,947	0	2,069	0
66.00	06600	PHYSICAL THERAPY	2,420	145,838	3,374	9,157	0
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	5,743	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	2,866	47,336	0	2,972	0
68.00	06800	SPEECH PATHOLOGY	1,186	39,895	3,228	2,505	0
69.00	06900	ELECTROCARDIOLOGY	5,796	20,148	1,215	1,265	0
69.01	06901	CARDIAC REHAB	1,558	111,162	0	6,980	0
70.00	07000	ELECTROENCEPHALOGRAPHY	3,299	23,236	0	1,459	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,737	88,188	0	5,537	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,405	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	87,008	198,269	1,109	12,449	0
76.00	03020	RENAL ACUTE	3,488	54,423	4,275	3,417	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.05	09005	PATIENT NUTRITION	882	29,798	63,848	1,871	0
90.07	09007	WOUND CLINIC	3,175	60,197	122	3,780	0
91.00	09100	EMERGENCY	24,122	371,635	229	23,335	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	625,230	8,566,681	428,319	526,953	895,847
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	68	0	0	0	0
194.00	07950	RURAL HEALTH	8,764	0	637	0	0
194.01	07951	RENTAL PROPERTY	652	0	0	0	0
194.02	07954	FAMILY PRACTICE	11,620	572,344	231	35,938	0
194.03	07952	WELLNESS	1,654	183,417	0	11,517	0
194.04	07955	PHYSICIAN PRACTICES	19,120	0	1,338	0	0
194.06	07953	SYCAMORE SPORTS MED	407	0	0	0	0
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,846	44,249	8,536	2,778	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	669,361	9,366,691	439,061	577,186	895,847	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:  
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To 08/31/2014

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES
	11.00	13.00	16.00	17.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA	370,311					11.00
13.00 01300 NURSING ADMINISTRATION	6,547	128,854				13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	15,779	0	376,928			16.00
17.00 01700 SOCIAL SERVICE	678	328	0	10,655		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	6,134	0	0	0	11,762	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,829	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	885	0	0	0	0	23.00
23.01 02341 OTHER MED ED	236	114	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	98,920	43,883	27,606	6,379		30.00
31.00 03100 INTENSIVE CARE UNIT	29,788	14,385	9,437	618		31.00
35.00 02040 INTENSIVE NURSERY	8,169	3,945	4,362	685		35.00
41.00 04100 SUBPROVIDER - I&R	9,143	4,415	1,250	58		41.00
43.00 04300 NURSERY	5,220	2,507	1,656	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	21,412	10,340	50,874	33		50.00
50.01 05001 CARDIAC SURGERY	2,418	840	4,166	0		50.01
50.02 05002 WVSC	206	100	32,947	8		50.02
51.00 05100 RECOVERY ROOM	7,255	3,504	1,234	0		51.00
51.02 05101 O/P TREATMENT ROOM	17,902	8,645	6,388	1,279		51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	12,859	5,968	5,271	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	23,860	0	20,222	8		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,770	0	11,053	25		55.00
56.00 05600 RADIOISOTOPE	1,032	0	3,256	0		56.00
57.00 05700 CT SCAN	4,247	0	26,361	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	2,153	0	5,976	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	2,949	598	29,960	8		59.00
60.00 06000 LABORATORY	0	0	24,746	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	840	0		62.00
65.00 06500 RESPIRATORY THERAPY	12,151	5,868	4,881	0		65.00
66.00 06600 PHYSICAL THERAPY	3,451	1,666	3,002	0		66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0		66.01
66.02 06602 O/P PHYSICAL THERAPY	2,448	1,182	1,917	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	2,064	997	1,213	0		67.00
68.00 06800 SPEECH PATHOLOGY	767	370	503	0		68.00
69.00 06900 ELECTROCARDIOLOGY	7,845	0	4,951	0		69.00
69.01 06901 CARDIAC REHAB	1,327	0	375	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	1,947	0	2,317	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	819	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	12,829	5,441	54,838	0		73.00
76.00 03020 RENAL ACUTE	0	0	1,090	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0		90.00
90.05 09005 PATIENT NUTRITION	1,239	598	73	0		90.05
90.07 09007 WOUND CLINIC	1,563	755	1,293	50		90.07
91.00 09100 EMERGENCY	24,715	11,935	32,051	1,496		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	353,737	128,384	376,928	10,647	0
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
194.00 07950 RURAL HEALTH	0	0	0	0		194.00
194.01 07951 RENTAL PROPERTY	0	0	0	0		194.01
194.02 07954 FAMILY PRACTICE	9,349	0	0	8		194.02
194.03 07952 WELLNESS	0	0	0	0		194.03
194.04 07955 PHYSICIAN PRACTICES	5,102	0	0	0		194.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet B  
Part II  
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	
			11.00	13.00	16.00	17.00	21.00	
194.06	07953	SYCAMORE SPORTS MED	1,150	470	0	0		194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	973	0	0	0		194.07
200.00		Cross Foot Adjustments					11,762	200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118-201)	370,311	128,854	376,928	10,655	11,762	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	OTHER MED ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	10,766					22.00
23.00 02300 PARAMED PRGM-(SPECIFY)		1,887				23.00
23.01 02341 OTHER MED ED			1,277			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS				10,884,491		30.00
31.00 03100 INTENSIVE CARE UNIT				2,029,879		31.00
35.00 02040 INTENSIVE NURSERY				317,120		35.00
41.00 04100 SUBPROVIDER - IRF				1,018,125		41.00
43.00 04300 NURSERY				199,707		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM				4,840,273		50.00
50.01 05001 CARDIAC SURGERY				440,800		50.01
50.02 05002 WVSC				2,102,027		50.02
51.00 05100 RECOVERY ROOM				243,535		51.00
51.02 05101 O/P TREATMENT ROOM				1,295,461		51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM				1,443,210		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC				3,798,746		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC				2,715,250		55.00
56.00 05600 RADIOISOTOPE				336,686		56.00
57.00 05700 CT SCAN				531,158		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)				990,024		58.00
59.00 05900 CARDIAC CATHETERIZATION				3,815,130		59.00
60.00 06000 LABORATORY				542,566		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS				5,464		62.00
65.00 06500 RESPIRATORY THERAPY				683,701		65.00
66.00 06600 PHYSICAL THERAPY				481,008		66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				0		66.01
66.02 06602 O/P PHYSICAL THERAPY				326,494		66.02
67.00 06700 OCCUPATIONAL THERAPY				245,034		67.00
68.00 06800 SPEECH PATHOLOGY				161,938		68.00
69.00 06900 ELECTROCARDIOLOGY				399,079		69.00
69.01 06901 CARDIAC REHAB				383,787		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY				213,539		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				408,487		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS				25,405		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS				1,639,377		73.00
76.00 03020 RENAL ACUTE				164,110		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC				0		90.00
90.05 09005 PATIENT NUTRITION				154,568		90.05
90.07 09007 WOUND CLINIC				202,479		90.07
91.00 09100 EMERGENCY				1,843,808		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	44,882,466	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				68		190.00
194.00 07950 RURAL HEALTH				276,169		194.00
194.01 07951 RENTAL PROPERTY				12,281		194.01
194.02 07954 FAMILY PRACTICE				2,097,090		194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet B  
Part II  
Date/Time Prepared:  
1/28/2015 4:15 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	OTHER MED ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
194.03 07952 WELLNESS				513,436	0	194.03
194.04 07955 PHYSICIAN PRACTICES				647,428	0	194.04
194.06 07953 SYCAMORE SPORTS MED				10,761	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				150,886	0	194.07
200.00 Cross Foot Adjustments	10,766	1,887	1,277	25,692	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	10,766	1,887	1,277	48,616,277	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet B Part II Date/Time Prepared: 1/28/2015 4:15 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02341 OTHER MED ED		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	10,884,491	30.00
31.00	03100 INTENSIVE CARE UNIT	2,029,879	31.00
35.00	02040 INTENSIVE NURSERY	317,120	35.00
41.00	04100 SUBPROVIDER - I RF	1,018,125	41.00
43.00	04300 NURSERY	199,707	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	4,840,273	50.00
50.01	05001 CARDIAC SURGERY	440,800	50.01
50.02	05002 WVSC	2,102,027	50.02
51.00	05100 RECOVERY ROOM	243,535	51.00
51.02	05101 O/P TREATMENT ROOM	1,295,461	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,443,210	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,798,746	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,715,250	55.00
56.00	05600 RADIOISOTOPE	336,686	56.00
57.00	05700 CT SCAN	531,158	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	990,024	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,815,130	59.00
60.00	06000 LABORATORY	542,566	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	5,464	62.00
65.00	06500 RESPIRATORY THERAPY	683,701	65.00
66.00	06600 PHYSICAL THERAPY	481,008	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	326,494	66.02
67.00	06700 OCCUPATIONAL THERAPY	245,034	67.00
68.00	06800 SPEECH PATHOLOGY	161,938	68.00
69.00	06900 ELECTROCARDIOLOGY	399,079	69.00
69.01	06901 CARDIAC REHAB	383,787	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	213,539	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	408,487	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	25,405	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,639,377	73.00
76.00	03020 RENAL ACUTE	164,110	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	0	90.00
90.05	09005 PATIENT NUTRITION	154,568	90.05
90.07	09007 WOUND CLINIC	202,479	90.07
91.00	09100 EMERGENCY	1,843,808	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00	SUBTOTALS (SUM OF LINES 1-117)	44,882,466	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	68	190.00
194.00	07950 RURAL HEALTH	276,169	194.00
194.01	07951 RENTAL PROPERTY	12,281	194.01
194.02	07954 FAMILY PRACTICE	2,097,090	194.02
194.03	07952 WELLNESS	513,436	194.03
194.04	07955 PHYSICIAN PRACTICES	647,428	194.04
194.06	07953 SYCAMORE SPORTS MED	10,761	194.06
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	150,886	194.07
200.00	Cross Foot Adjustments	25,692	200.00
201.00	Negative Cost Centers	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet B Part II Date/Time Prepared: 1/28/2015 4:15 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118-201)	48,616,277		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
		NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)				
		1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	972,049				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		4,580,554			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,313	0	109,097,906		4.00
5.01	00540	NONPATIENT TELEPHONES	657	36,543	651,444	1,100	5.01
5.02	00550	DATA PROCESSING	0	0	0	1,080	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMINISTRATIVE	3,062	7,034	1,397,135	20	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	16,820	50,868	4,616,058	76	5.06
7.00	00700	OPERATION OF PLANT	337,512	119,298	62,960	46	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	69,025	813,875	4	8.00
9.00	00900	HOUSEKEEPING	5,313	124,286	3,130,667	5	9.00
10.00	01000	DIETARY	10,976	145,771	1,492,204	30	10.00
11.00	01100	CAFETERIA	7,832	11,692	607,918	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,376	2,347	1,879,186	7	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,283	41,321	2,376,146	36	16.00
17.00	01700	SOCIAL SERVICE	196	0	153,425	4	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,239,317	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,621,159	0	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	208,618	0	23.00
23.01	02341	OTHER MEDICAL	0	0	100,115	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	188,046	606,349	19,625,325	182	30.00
31.00	03100	INTENSIVE CARE UNIT	22,990	261,241	6,161,924	29	31.00
35.00	02040	INTENSIVE NURSERY	2,880	58,529	1,826,286	18	35.00
41.00	04100	SUBPROVIDER - I&R	19,721	27,213	1,720,436	35	41.00
43.00	04300	NURSERY	3,927	4,255	1,004,466	4	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	40,735	760,807	8,795,827	66	50.00
50.01	05001	CARDIAC SURGERY	1,800	101,535	2,129,112	7	50.01
50.02	05002	WVSC	30,028	120,269	28,638	0	50.02
51.00	05100	RECOVERY ROOM	1,432	53,874	1,560,332	17	51.00
51.02	05101	O/P TREATMENT ROOM	21,344	75,287	3,277,560	28	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,805	165,020	3,171,261	25	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,660	477,282	10,884,639	63	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26,390	273,045	386,110	43	55.00
56.00	05600	RADIOISOTOPE	1,468	1,629	188,408	0	56.00
57.00	05700	CT SCAN	2,172	307	1,080,335	7	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	23,652	550,787	5	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,694	30,093	645,113	36	59.00
60.00	06000	LABORATORY	0	0	0	6	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,134	87,310	2,690,005	15	65.00
66.00	06600	PHYSICAL THERAPY	9,446	19,733	772,528	22	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	29,321	535,031	3	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,066	4,762	459,790	6	67.00
68.00	06800	SPEECH PATHOLOGY	2,584	2,698	170,613	2	68.00
69.00	06900	ELECTROCARDIOLOGY	1,305	81,682	1,424,000	7	69.00
69.01	06901	CARDIAC REHAB	7,200	25,572	303,432	7	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,505	24,584	2,212,525	17	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,712	26,977	0	14	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,842	61,749	3,431,003	45	73.00
76.00	03020	RENAL ACUTE	3,525	386	0	6	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	1,930	882	261,669	0	90.05
90.07	09007	WOUND CLINIC	3,899	8,993	346,396	12	90.07
91.00	09100	EMERGENCY	24,071	253,212	4,703,934	53	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				169	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	920,232	4,276,433	100,697,712	1,008	862 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	3 190.00
194.00	07950	RURAL HEALTH	0	20,671	1,538,620	1	62 194.00
194.01	07951	RENTAL PROPERTY	0	4,112	148,908	0	0 194.01
194.02	07954	FAMILY PRACTICE	37,071	171,030	1,836,947	57	112 194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet B-1

Date/Time Prepared:  
1/28/2015 4:15 pm

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (NEW TOTAL SQ FT)	NEW MVBLE EQUIP (NEW EQUIP DEPRN)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DEVICES)	
	1.00	2.00	4.00	5.01	5.02	
194.03 07952 WELLNESS	11,880	0	279,404	0	0	194.03
194.04 07955 PHYSICIAN PRACTICES	0	101,404	4,157,616	23	33	194.04
194.06 07953 SYCAMORE SPORTS MED	0	3,202	168,860	0	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	3,702	269,839	11	8	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	25,884,425	12,063,309	18,183,631	1,193,950	11,097,204	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	26.628724	2.633592	0.166673	1,085.409091	10,275.188889	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			194,736	114,897	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001785	104.451818	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		PURCHASING RECEIVING AND STORES (REQUISITION)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES	5,113,910				5.03	
5.04	00570	ADMITTING	5,536	475,751,000			5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,119,704,780		5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	178	0	0	-24,794,571	5.06	
7.00	00700	OPERATION OF PLANT	112	0	0	0	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	7,853	0	0	0	8.00	
9.00	00900	HOUSEKEEPING	72,953	0	0	0	9.00	
10.00	01000	DIETARY	382	0	0	0	10.00	
11.00	01100	CAFETERIA	0	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,046	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00	
23.01	02341	OTHER MED ED	0	0	0	0	23.01	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,114,770	77,622,916	81,915,930	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	841,460	28,004,385	28,004,385	0	31.00	
35.00	02040	INTENSIVE NURSERY	87,322	12,944,731	12,944,972	0	35.00	
41.00	04100	SUBPROVIDER - I&R	56,026	3,707,380	3,708,955	0	41.00	
43.00	04300	NURSERY	0	4,914,783	4,914,951	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	143,667	92,283,387	150,962,623	0	50.00	
50.01	05001	CARDIAC SURGERY	1,138,505	11,871,092	12,361,415	0	50.01	
50.02	05002	WVSC	22,685	0	97,764,752	0	50.02	
51.00	05100	RECOVERY ROOM	113,345	1,551,400	3,661,446	0	51.00	
51.02	05101	O/P TREATMENT ROOM	335,690	3,306,925	18,954,585	0	51.02	
52.00	05200	DELIVERY ROOM & LABOR ROOM	453,760	11,940,939	15,641,200	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,232	11,019,961	60,004,810	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	2,637	1,848,932	32,798,757	0	55.00	
56.00	05600	RADIOISOTOPE	1,667	935,004	9,662,733	0	56.00	
57.00	05700	CT SCAN	190,471	21,258,297	78,223,814	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,051	3,306,200	17,732,462	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	38,203	24,710,075	88,902,434	0	59.00	
60.00	06000	LABORATORY	0	35,083,521	73,429,494	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,981,371	2,493,306	0	62.00	
65.00	06500	RESPIRATORY THERAPY	140,810	13,477,300	14,484,637	0	65.00	
66.00	06600	PHYSICAL THERAPY	3,046	5,494,051	8,909,165	0	66.00	
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01	
66.02	06602	O/P PHYSICAL THERAPY	5,634	0	5,688,564	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	175	2,475,145	3,600,054	0	67.00	
68.00	06800	SPEECH PATHOLOGY	19	778,643	1,493,702	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	17,921	8,220,482	14,691,849	0	69.00	
69.01	06901	CARDIAC REHAB	766	170,001	1,112,073	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,936	2,668,228	6,874,217	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,246	2,325,970	2,431,457	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	46,267	68,590,155	163,941,207	0	73.00	
76.00	03020	RENAL ACUTE	21,554	3,065,504	3,235,264	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	90.00	
90.05	09005	PATIENT NUTRITION	73	0	216,626	0	90.05	
90.07	09007	WOUND CLINIC	26,863	0	3,837,545	0	90.07	
91.00	09100	EMERGENCY	111,487	20,194,222	95,105,396	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,071,348	475,751,000	1,119,704,780	-24,794,571	282,607,266	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	30,826	190.00
194.00	07950	RURAL HEALTH	10,501	0	0	0	3,962,070	194.00
194.01	07951	RENTAL PROPERTY	0	0	0	0	294,978	194.01
194.02	07954	FAMILY PRACTICE	5,508	0	0	0	5,253,096	194.02
194.03	07952	WELLNESS	0	0	0	0	747,743	194.03
194.04	07955	PHYSICIAN PRACTICES	26,410	0	0	0	8,643,870	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description			PURCHASING RECEIVING AND STORES (REQUISITION)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	184,052	194.06
194.07	07956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	143	0	0	0	834,330	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,087,436	2,544,222	7,184,958		24,794,571	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.212643	0.005348	0.006417		0.081950	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	110,714	0		669,361	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000233	0.000000		0.002212	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		OPERATION OF PLANT (NEW TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LINEN)	HOUSEKEEPING (NEW TOTAL SQ FT)	DIETARY (DIETARY)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	606,685				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,988	1,043,305			8.00
9.00	00900	HOUSEKEEPING	5,313	3,454	595,384		9.00
10.00	01000	DIETARY	10,976	0	10,976	200,029	10.00
11.00	01100	CAFETERIA	7,832	0	7,832	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,376	0	2,376	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,283	0	5,283	0	16.00
17.00	01700	SOCIAL SERVICE	196	0	196	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02341	OTHER MEDICAL	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	188,046	327,669	188,046	141,032	3,354
31.00	03100	INTENSIVE CARE UNIT	22,990	70,169	22,990	26,530	1,010
35.00	02040	INTENSIVE NURSERY	2,880	6,979	2,880	0	277
41.00	04100	SUBPROVIDER - I&R	19,721	19,230	19,721	11,032	310
43.00	04300	NURSERY	3,927	0	3,927	0	177
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	40,735	65,496	40,735	0	726
50.01	05001	CARDIAC SURGERY	1,800	89	1,800	0	82
50.02	05002	WVSC	30,028	80,643	30,028	0	7
51.00	05100	RECOVERY ROOM	1,432	38,232	1,432	0	246
51.02	05101	O/P TREATMENT ROOM	21,344	58,860	21,344	20,512	607
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,805	60,150	20,805	161	436
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,660	34,619	34,660	2	809
55.00	05500	RADIOLOGY-THERAPEUTIC	26,390	0	26,390	0	60
56.00	05600	RADIOISOTOPE	1,468	18,624	1,468	0	35
57.00	05700	CT SCAN	2,172	3,685	2,172	0	144
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,593	28,200	2,593	0	73
59.00	05900	CARDIAC CATHETERIZATION	16,694	7,655	16,694	760	100
60.00	06000	LABORATORY	0	10,105	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,134	0	2,134	0	412
66.00	06600	PHYSICAL THERAPY	9,446	8,018	9,446	0	117
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
66.02	06602	O/P PHYSICAL THERAPY	0	0	0	0	83
67.00	06700	OCCUPATIONAL THERAPY	3,066	0	3,066	0	70
68.00	06800	SPEECH PATHOLOGY	2,584	7,670	2,584	0	26
69.00	06900	ELECTROCARDIOLOGY	1,305	2,887	1,305	0	266
69.01	06901	CARDIAC REHAB	7,200	0	7,200	0	45
70.00	07000	ELECTROENCEPHALOGRAPHY	1,505	0	1,505	0	66
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,712	0	5,712	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	12,842	2,635	12,842	0	435
76.00	03020	RENAL ACUTE	3,525	10,159	3,525	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.05	09005	PATIENT NUTRITION	1,930	151,717	1,930	0	42
90.07	09007	WOUND CLINIC	3,899	291	3,899	0	53
91.00	09100	EMERGENCY	24,071	545	24,071	0	838
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	554,868	1,017,781	543,567	200,029	11,994
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	RURAL HEALTH	0	1,513	0	0	0
194.01	07951	RENTAL PROPERTY	0	0	0	0	0
194.02	07954	FAMILY PRACTICE	37,071	548	37,071	0	317
194.03	07952	WELLNESS	11,880	0	11,880	0	0
194.04	07955	PHYSICIAN PRACTICES	0	3,180	0	0	173
194.06	07953	SYCAMORE SPORTS MED	0	0	0	0	39

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		OPERATION OF PLANT (NEW TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LINEN)	HOUSEKEEPING (NEW TOTAL SQ FT)	DIETARY (DIETARY)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,866	20,283	2,866	0	33	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	17,645,671	1,886,375	7,882,827	4,159,749	999,449	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	29.085392	1.808076	13.239904	20.795730	79.599315	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	9,366,691	439,061	577,186	895,847	370,311	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	15.439134	0.420837	0.969435	4.478586	29.492752	205.00

COST ALLOCATION - STATISTICAL BASIS

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To 08/31/2014

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Cost Center Description	NURSING ADMINISTRATION (TIME SPENT)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICE (# REFERRALS)	INTERNS & RESIDENTS			
				SERVICES-SALARY & FRINGES (INTERNS)	SERVICES-OTHER PRGM COSTS (INTERNS)		
				13.00	16.00		17.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMINITTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION	9,047					13.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,119,704,780				16.00	
17.00 01700 SOCIAL SERVICE	23	0	1,275			17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,000		21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,000	22.00	
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00	
23.01 02341 OTHER MED ED	8	0	0	0	0	23.01	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	3,081	81,915,930	763	312	312	30.00	
31.00 03100 INTENSIVE CARE UNIT	1,010	28,004,385	74	17	17	31.00	
35.00 02040 INTENSIVE NURSERY	277	12,944,972	82	32	32	35.00	
41.00 04100 SUBPROVIDER - IRF	310	3,708,955	7	0	0	41.00	
43.00 04300 NURSERY	176	4,914,951	0	0	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	726	150,962,623	4	99	99	50.00	
50.01 05001 CARDIAC SURGERY	59	12,361,415	0	0	0	50.01	
50.02 05002 WVSC	7	97,764,752	1	0	0	50.02	
51.00 05100 RECOVERY ROOM	246	3,661,446	0	0	0	51.00	
51.02 05101 O/P TREATMENT ROOM	607	18,954,585	153	0	0	51.02	
52.00 05200 DELIVERY ROOM & LABOR ROOM	419	15,641,200	0	105	105	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	60,004,810	1	8	8	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	32,798,757	3	0	0	55.00	
56.00 05600 RADIOISOTOPE	0	9,662,733	0	0	0	56.00	
57.00 05700 CT SCAN	0	78,223,814	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	17,732,462	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	42	88,902,434	1	0	0	59.00	
60.00 06000 LABORATORY	0	73,429,494	0	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,493,306	0	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	412	14,484,637	0	6	6	65.00	
66.00 06600 PHYSICAL THERAPY	117	8,909,165	0	0	0	66.00	
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01	
66.02 06602 O/P PHYSICAL THERAPY	83	5,688,564	0	0	0	66.02	
67.00 06700 OCCUPATIONAL THERAPY	70	3,600,054	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	26	1,493,702	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	14,691,849	0	17	17	69.00	
69.01 06901 CARDIAC REHAB	0	1,112,073	0	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	6,874,217	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,431,457	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	382	163,941,207	0	4	4	73.00	
76.00 03020 RENAL ACUTE	0	3,235,264	0	0	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.05 09005 PATIENT NUTRITION	42	216,626	0	0	0	90.05	
90.07 09007 WOUND CLINIC	53	3,837,545	6	7	7	90.07	
91.00 09100 EMERGENCY	838	95,105,396	179	145	145	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,014	1,119,704,780	1,274	752	752	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
194.00 07950 RURAL HEALTH	0	0	0	3	3	194.00	
194.01 07951 RENTAL PROPERTY	0	0	0	0	0	194.01	
194.02 07954 FAMILY PRACTICE	0	0	1	245	245	194.02	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	NURSING ADMINISTRATION  (TIME SPENT)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICE  (# REFERRALS)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (INTERNS)	SERVICES-OTHER PRGM COSTS (INTERNS)	
				13.00	16.00	
194.03 07952 WELLNESS	0	0	0	0	0	194.03
194.04 07955 PHYSICIAN PRACTICES	0	0	0	0	0	194.04
194.06 07953 SYCAMORE SPORTS MED	33	0	0	0	0	194.06
194.07 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,962,550	5,622,943	275,747	1,687,365	2,960,614	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	437.996021	0.005022	216.272157	1,687.365000	2,960.614000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	128,854	376,928	10,655	11,762	10,766	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	14.242732	0.000337	8.356863	11.762000	10.766000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

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To 08/31/2014

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Cost Center Description		PARAMED PRGM (PARAMED RADIOLOGY)	OTHER MED ED (ASSIGNED TIME)	
		23.00	23.01	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMINISTRATIVE		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	100	23.00
23.01	02341	OTHER MED ED	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
35.00	02040	INTENSIVE NURSERY	0	35.00
41.00	04100	SUBPROVIDER - I&R	0	41.00
43.00	04300	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	CARDIAC SURGERY	0	50.01
50.02	05002	WVSC	0	50.02
51.00	05100	RECOVERY ROOM	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	100	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	06901	CARDIAC REHAB	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03020	RENAL ACUTE	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0	90.00
90.05	09005	PATIENT NUTRITION	0	90.05
90.07	09007	WOUND CLINIC	0	90.07
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950	RURAL HEALTH	0	194.00
194.01	07951	RENTAL PROPERTY	0	194.01
194.02	07954	FAMILY PRACTICE	0	194.02
194.03	07952	WELLNESS	0	194.03
194.04	07955	PHYSICIAN PRACTICES	0	194.04
194.06	07953	SYCAMORE SPORTS MED	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet B-1  
Date/Time Prepared:  
1/28/2015 4:15 pm

Cost Center Description		PARAMED ED PRGM (PARAMED RADIOLOGY)	OTHER MED ED (ASSIGNED TIME)	
		23.00	23.01	
194.07	07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	194.07
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	310,477	370,056	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3,104.770000	3,700.560000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,887	1,277	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	18.870000	12.770000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet C Part I Date/Time Prepared: 1/28/2015 4:15 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		50,939,364	48,739	50,988,103	30.00
31.00	03100 INTENSIVE CARE UNIT		13,969,908	0	13,969,908	31.00
35.00	02040 INTENSIVE NURSERY		3,577,291	0	3,577,291	35.00
41.00	04100 SUBPROVIDER - IRF		5,271,160	0	5,271,160	41.00
43.00	04300 NURSERY		1,918,853	0	1,918,853	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		21,970,679	0	21,970,679	50.00
50.01	05001 CARDIAC SURGERY		3,459,262	0	3,459,262	50.01
50.02	05002 WVSC		16,565,351	0	16,565,351	50.02
51.00	05100 RECOVERY ROOM		2,926,075	0	2,926,075	51.00
51.02	05101 O/P TREATMENT ROOM		7,736,659	0	7,736,659	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM		6,843,428	0	6,843,428	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		17,050,790	6,252	17,057,042	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		8,660,190	0	8,660,190	55.00
56.00	05600 RADIOISOTOPE		2,402,425	0	2,402,425	56.00
57.00	05700 CT SCAN		4,178,380	0	4,178,380	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,790,307	0	2,790,307	58.00
59.00	05900 CARDIAC CATHETERIZATION		22,180,749	0	22,180,749	59.00
60.00	06000 LABORATORY		9,391,082	143,462	9,534,544	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,048,133	0	2,048,133	62.00
65.00	06500 RESPIRATORY THERAPY	0	5,557,304	10,068	5,567,372	65.00
66.00	06600 PHYSICAL THERAPY	0	1,703,118	0	1,703,118	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	2,880,344	0	2,880,344	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	1,586,132	0	1,586,132	67.00
68.00	06800 SPEECH PATHOLOGY	0	724,192	0	724,192	68.00
69.00	06900 ELECTROCARDIOLOGY		2,990,564	0	2,990,564	69.00
69.01	06901 CARDIAC REHAB		1,076,102	0	1,076,102	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY		1,717,193	0	1,717,193	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,592,895	0	1,592,895	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		12,426,347	0	12,426,347	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		44,450,081	0	44,450,081	73.00
76.00	03020 RENAL ACUTE		1,890,104	0	1,890,104	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		0	0	0	90.00
90.05	09005 PATIENT NUTRITION		810,217	838	811,055	90.05
90.07	09007 WOUND CLINIC		1,766,697	0	1,766,697	90.07
91.00	09100 EMERGENCY		13,768,776	0	13,768,776	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		8,137,671	0	8,137,671	92.00
200.00	Subtotal (see instructions)	0	306,957,823	209,359	307,167,182	200.00
201.00	Less Observation Beds		8,137,671	0	8,137,671	201.00
202.00	Total (see instructions)	0	298,820,152	209,359	299,029,511	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150023		Period: From 09/01/2013 To 08/31/2014		Worksheet C Part I Date/Time Prepared: 1/28/2015 4:15 pm	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	75,040,661		75,040,661			30.00
31.00	03100	INTENSIVE CARE UNIT	28,004,385		28,004,385			31.00
35.00	02040	INTENSIVE NURSERY	12,944,731		12,944,731			35.00
41.00	04100	SUBPROVIDER - I RF	3,707,380		3,707,380			41.00
43.00	04300	NURSERY	4,914,783		4,914,783			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	80,693,786	53,792,360	134,486,146	0.163368	0.000000	50.00
50.01	05001	CARDIAC SURGERY	9,417,202	10,000	9,427,202	0.366945	0.000000	50.01
50.02	05002	WVSC	109,759	95,560,437	95,670,196	0.173151	0.000000	50.02
51.00	05100	RECOVERY ROOM	1,551,400	2,110,046	3,661,446	0.799158	0.000000	51.00
51.02	05101	O/P TREATMENT ROOM	1,544,712	6,350,898	7,895,610	0.979868	0.000000	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,848,333	2,983,799	14,832,132	0.461392	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,884,189	34,230,696	43,114,885	0.395473	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,848,932	30,881,179	32,730,111	0.264594	0.000000	55.00
56.00	05600	RADIOISOTOPE	935,004	8,727,729	9,662,733	0.248628	0.000000	56.00
57.00	05700	CT SCAN	21,258,297	56,965,517	78,223,814	0.053416	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,306,200	14,426,262	17,732,462	0.157356	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,912,704	57,292,396	79,205,100	0.280042	0.000000	59.00
60.00	06000	LABORATORY	35,083,521	38,345,973	73,429,494	0.127893	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,981,371	511,935	2,493,306	0.821453	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	13,477,300	1,007,337	14,484,637	0.383669	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,421,907	3,139,621	7,561,528	0.225235	0.000000	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	5,431,990	5,431,990	0.530256	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,311,796	1,624,360	4,936,156	0.321329	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,014,135	747,674	1,761,809	0.411050	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,069,852	6,352,787	14,422,639	0.207352	0.000000	69.00
69.01	06901	CARDIAC REHAB	170,001	942,072	1,112,073	0.967654	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	759,440	2,856,114	3,615,554	0.474946	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,325,970	105,487	2,431,457	0.655120	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,249,809	10,564,335	18,814,144	0.660479	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,590,155	93,575,398	162,165,553	0.274103	0.000000	73.00
76.00	03020	RENAL ACUTE	3,065,504	169,760	3,235,264	0.584219	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.05	09005	PATIENT NUTRITION	500	216,126	216,626	3.740165	0.000000	90.05
90.07	09007	WOUND CLINIC	15,000	3,726,831	3,741,831	0.472148	0.000000	90.07
91.00	09100	EMERGENCY	20,194,222	74,911,174	95,105,396	0.144774	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,922,213	12,925,411	14,847,624	0.548079	0.000000	92.00
200.00		Subtotal (see instructions)	460,575,154	620,485,704	1,081,060,858			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	460,575,154	620,485,704	1,081,060,858			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet C Part I Date/Time Prepared: 1/28/2015 4:15 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02040 INTENSIVE NURSERY			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.163368		50.00
50.01	05001 CARDIAC SURGERY	0.366945		50.01
50.02	05002 WVSC	0.173151		50.02
51.00	05100 RECOVERY ROOM	0.799158		51.00
51.02	05101 O/P TREATMENT ROOM	0.979868		51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.461392		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.395618		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.264594		55.00
56.00	05600 RADIOISOTOPE	0.248628		56.00
57.00	05700 CT SCAN	0.053416		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.157356		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.280042		59.00
60.00	06000 LABORATORY	0.129846		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.821453		62.00
65.00	06500 RESPIRATORY THERAPY	0.384364		65.00
66.00	06600 PHYSICAL THERAPY	0.225235		66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		66.01
66.02	06602 O/P PHYSICAL THERAPY	0.530256		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.321329		67.00
68.00	06800 SPEECH PATHOLOGY	0.411050		68.00
69.00	06900 ELECTROCARDIOLOGY	0.207352		69.00
69.01	06901 CARDIAC REHAB	0.967654		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.474946		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.655120		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.660479		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.274103		73.00
76.00	03020 RENAL ACUTE	0.584219		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
90.05	09005 PATIENT NUTRITION	3.744033		90.05
90.07	09007 WOUND CLINIC	0.472148		90.07
91.00	09100 EMERGENCY	0.144774		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.548079		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet C  
Part I  
Date/Time Prepared:  
1/28/2015 4:15 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS		50,939,364	48,739	50,988,103	30.00
31.00	03100	INTENSIVE CARE UNIT		13,969,908	0	13,969,908	31.00
35.00	02040	INTENSIVE NURSERY		3,577,291	0	3,577,291	35.00
41.00	04100	SUBPROVIDER - IRF		5,271,160	0	5,271,160	41.00
43.00	04300	NURSERY		1,918,853	0	1,918,853	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM		21,970,679	0	21,970,679	50.00
50.01	05001	CARDIAC SURGERY		3,459,262	0	3,459,262	50.01
50.02	05002	WVSC		16,565,351	0	16,565,351	50.02
51.00	05100	RECOVERY ROOM		2,926,075	0	2,926,075	51.00
51.02	05101	O/P TREATMENT ROOM		7,736,659	0	7,736,659	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM		6,843,428	0	6,843,428	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		17,050,790	6,252	17,057,042	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		8,660,190	0	8,660,190	55.00
56.00	05600	RADIOISOTOPE		2,402,425	0	2,402,425	56.00
57.00	05700	CT SCAN		4,178,380	0	4,178,380	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		2,790,307	0	2,790,307	58.00
59.00	05900	CARDIAC CATHETERIZATION		22,180,749	0	22,180,749	59.00
60.00	06000	LABORATORY		9,391,082	143,462	9,534,544	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		2,048,133	0	2,048,133	62.00
65.00	06500	RESPIRATORY THERAPY	0	5,557,304	10,068	5,567,372	65.00
66.00	06600	PHYSICAL THERAPY	0	1,703,118	0	1,703,118	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	2,880,344	0	2,880,344	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,586,132	0	1,586,132	67.00
68.00	06800	SPEECH PATHOLOGY	0	724,192	0	724,192	68.00
69.00	06900	ELECTROCARDIOLOGY		2,990,564	0	2,990,564	69.00
69.01	06901	CARDIAC REHAB		1,076,102	0	1,076,102	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		1,717,193	0	1,717,193	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,592,895	0	1,592,895	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		12,426,347	0	12,426,347	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		44,450,081	0	44,450,081	73.00
76.00	03020	RENAL ACUTE		1,890,104	0	1,890,104	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC		0	0	0	90.00
90.05	09005	PATIENT NUTRITION		810,217	838	811,055	90.05
90.07	09007	WOUND CLINIC		1,766,697	0	1,766,697	90.07
91.00	09100	EMERGENCY		13,768,776	0	13,768,776	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		8,137,671	0	8,137,671	92.00
200.00		Subtotal (see instructions)	0	306,957,823	209,359	307,167,182	200.00
201.00		Less Observation Beds		8,137,671	0	8,137,671	201.00
202.00		Total (see instructions)	0	298,820,152	209,359	299,029,511	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet C  
Part I  
Date/Time Prepared:  
1/28/2015 4:15 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	75,040,661		75,040,661		30.00
31.00	03100	INTENSIVE CARE UNIT	28,004,385		28,004,385		31.00
35.00	02040	INTENSIVE NURSERY	12,944,731		12,944,731		35.00
41.00	04100	SUBPROVIDER - I RF	3,707,380		3,707,380		41.00
43.00	04300	NURSERY	4,914,783		4,914,783		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	80,693,786	53,792,360	134,486,146	0.163368	50.00
50.01	05001	CARDIAC SURGERY	9,417,202	10,000	9,427,202	0.366945	50.01
50.02	05002	WVSC	109,759	95,560,437	95,670,196	0.173151	50.02
51.00	05100	RECOVERY ROOM	1,551,400	2,110,046	3,661,446	0.799158	51.00
51.02	05101	O/P TREATMENT ROOM	1,544,712	6,350,898	7,895,610	0.979868	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,848,333	2,983,799	14,832,132	0.461392	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,884,189	34,230,696	43,114,885	0.395473	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,848,932	30,881,179	32,730,111	0.264594	55.00
56.00	05600	RADIOISOTOPE	935,004	8,727,729	9,662,733	0.248628	56.00
57.00	05700	CT SCAN	21,258,297	56,965,517	78,223,814	0.053416	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,306,200	14,426,262	17,732,462	0.157356	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,912,704	57,292,396	79,205,100	0.280042	59.00
60.00	06000	LABORATORY	35,083,521	38,345,973	73,429,494	0.127893	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,981,371	511,935	2,493,306	0.821453	62.00
65.00	06500	RESPIRATORY THERAPY	13,477,300	1,007,337	14,484,637	0.383669	65.00
66.00	06600	PHYSICAL THERAPY	4,421,907	3,139,621	7,561,528	0.225235	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	5,431,990	5,431,990	0.530256	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,311,796	1,624,360	4,936,156	0.321329	67.00
68.00	06800	SPEECH PATHOLOGY	1,014,135	747,674	1,761,809	0.411050	68.00
69.00	06900	ELECTROCARDIOLOGY	8,069,852	6,352,787	14,422,639	0.207352	69.00
69.01	06901	CARDIAC REHAB	170,001	942,072	1,112,073	0.967654	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	759,440	2,856,114	3,615,554	0.474946	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,325,970	105,487	2,431,457	0.655120	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,249,809	10,564,335	18,814,144	0.660479	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,590,155	93,575,398	162,165,553	0.274103	73.00
76.00	03020	RENAL ACUTE	3,065,504	169,760	3,235,264	0.584219	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.05	09005	PATIENT NUTRITION	500	216,126	216,626	3.740165	90.05
90.07	09007	WOUND CLINIC	15,000	3,726,831	3,741,831	0.472148	90.07
91.00	09100	EMERGENCY	20,194,222	74,911,174	95,105,396	0.144774	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,922,213	12,925,411	14,847,624	0.548079	92.00
200.00		Subtotal (see instructions)	460,575,154	620,485,704	1,081,060,858		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	460,575,154	620,485,704	1,081,060,858		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet C  
Part I  
Date/Time Prepared:  
1/28/2015 4:15 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
35.00	02040 INTENSIVE NURSERY				35.00
41.00	04100 SUBPROVIDER - I RF				41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.000000			50.00
50.01	05001 CARDIAC SURGERY	0.000000			50.01
50.02	05002 WVSC	0.000000			50.02
51.00	05100 RECOVERY ROOM	0.000000			51.00
51.02	05101 O/P TREATMENT ROOM	0.000000			51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			66.01
66.02	06602 O/P PHYSICAL THERAPY	0.000000			66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901 CARDIAC REHAB	0.000000			69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03020 RENAL ACUTE	0.000000			76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.000000			90.00
90.05	09005 PATIENT NUTRITION	0.000000			90.05
90.07	09007 WOUND CLINIC	0.000000			90.07
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part I Date/Time Prepared: 1/28/2015 4:15 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,884,491	0	10,884,491	57,826	188.23	30.00
31.00	INTENSIVE CARE UNIT	2,029,879		2,029,879	9,475	214.24	31.00
35.00	INTENSIVE NURSERY	317,120		317,120	3,721	85.22	35.00
41.00	SUBPROVIDER - IRF	1,018,125	0	1,018,125	3,940	258.41	41.00
43.00	NURSERY	199,707		199,707	3,443	58.00	43.00
200.00	Total (lines 30-199)	14,449,322		14,449,322	78,405		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	25,012	4,708,009				
31.00	INTENSIVE CARE UNIT	6,071	1,300,651				
35.00	INTENSIVE NURSERY	0	0				
41.00	SUBPROVIDER - IRF	2,495	644,733				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	33,578	6,653,393				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part II Date/Time Prepared: 1/28/2015 4:15 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,840,273	134,486,146	0.035991	42,704,140	1,536,965	50.00
50.01	05001	CARDIAC SURGERY	440,800	9,427,202	0.046758	4,909,199	229,544	50.01
50.02	05002	WVSC	2,102,027	95,670,196	0.021972	107,854	2,370	50.02
51.00	05100	RECOVERY ROOM	243,535	3,661,446	0.066513	902,433	60,024	51.00
51.02	05101	O/P TREATMENT ROOM	1,295,461	7,895,610	0.164074	1,296,778	212,768	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,443,210	14,832,132	0.097303	1,838,243	178,867	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,798,746	43,114,885	0.088108	5,385,890	474,540	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,715,250	32,730,111	0.082959	1,159,187	96,165	55.00
56.00	05600	RADIOISOTOPE	336,686	9,662,733	0.034844	454,884	15,850	56.00
57.00	05700	CT SCAN	531,158	78,223,814	0.006790	11,049,573	75,027	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	990,024	17,732,462	0.055831	1,528,512	85,338	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,815,130	79,205,100	0.048168	12,108,064	583,221	59.00
60.00	06000	LABORATORY	542,566	73,429,494	0.007389	19,945,270	147,376	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,464	2,493,306	0.002191	1,306,241	2,862	62.00
65.00	06500	RESPIRATORY THERAPY	683,701	14,484,637	0.047202	6,945,701	327,851	65.00
66.00	06600	PHYSICAL THERAPY	481,008	7,561,528	0.063613	1,778,164	113,114	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	326,494	5,431,990	0.060106	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	245,034	4,936,156	0.049641	1,005,228	49,901	67.00
68.00	06800	SPEECH PATHOLOGY	161,938	1,761,809	0.091916	398,095	36,591	68.00
69.00	06900	ELECTROCARDIOLOGY	399,079	14,422,639	0.027670	4,706,432	130,227	69.00
69.01	06901	CARDIAC REHAB	383,787	1,112,073	0.345110	103,211	35,619	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	213,539	3,615,554	0.059061	433,103	25,579	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	408,487	2,431,457	0.168001	1,328,318	223,159	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,405	18,814,144	0.001350	5,024,510	6,783	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,639,377	162,165,553	0.010109	37,089,683	374,940	73.00
76.00	03020	RENAL ACUTE	164,110	3,235,264	0.050725	2,094,150	106,226	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.05	09005	PATIENT NUTRITION	154,568	216,626	0.713525	235	168	90.05
90.07	09007	WOUND CLINIC	202,479	3,741,831	0.054112	8,863	480	90.07
91.00	09100	EMERGENCY	1,843,808	95,105,396	0.019387	12,170,964	235,958	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,737,157	14,847,624	0.116999	63,059	7,378	92.00
200.00		Total (Lines 50-199)	32,170,301	956,448,918		177,845,984	5,374,891	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150023		Period: From 09/01/2013 To 08/31/2014		Worksheet D Part III Date/Time Prepared: 1/28/2015 4:15 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02040	INTENSIVE NURSERY	0	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	57,826	0.00	25,012	0		30.00
31.00	03100	INTENSIVE CARE UNIT	9,475	0.00	6,071	0		31.00
35.00	02040	INTENSIVE NURSERY	3,721	0.00	0	0		35.00
41.00	04100	SUBPROVIDER - IRF	3,940	0.00	2,495	0		41.00
43.00	04300	NURSERY	3,443	0.00	0	0		43.00
200.00		Total (lines 30-199)	78,405		33,578	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 1/28/2015 4:15 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	CARDIAC SURGERY	0	0	0	0	0	50.01
50.02	05002	WVSC	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
51.02	05101	O/P TREATMENT ROOM	0	0	0	0	0	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	310,477	0	310,477	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	370,056	0	370,056	73.00
76.00	03020	RENAL ACUTE	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	0	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	680,533	0	680,533	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 1/28/2015 4:15 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	134,486,146	0.000000	0.000000	42,704,140	50.00
50.01	05001 CARDIAC SURGERY	0	9,427,202	0.000000	0.000000	4,909,199	50.01
50.02	05002 WASC	0	95,670,196	0.000000	0.000000	107,854	50.02
51.00	05100 RECOVERY ROOM	0	3,661,446	0.000000	0.000000	902,433	51.00
51.02	05101 O/P TREATMENT ROOM	0	7,895,610	0.000000	0.000000	1,296,778	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	14,832,132	0.000000	0.000000	1,838,243	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	310,477	43,114,885	0.007201	0.007201	5,385,890	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	32,730,111	0.000000	0.000000	1,159,187	55.00
56.00	05600 RADIOISOTOPE	0	9,662,733	0.000000	0.000000	454,884	56.00
57.00	05700 CT SCAN	0	78,223,814	0.000000	0.000000	11,049,573	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	17,732,462	0.000000	0.000000	1,528,512	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	79,205,100	0.000000	0.000000	12,108,064	59.00
60.00	06000 LABORATORY	0	73,429,494	0.000000	0.000000	19,945,270	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,493,306	0.000000	0.000000	1,306,241	62.00
65.00	06500 RESPIRATORY THERAPY	0	14,484,637	0.000000	0.000000	6,945,701	65.00
66.00	06600 PHYSICAL THERAPY	0	7,561,528	0.000000	0.000000	1,778,164	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	5,431,990	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	4,936,156	0.000000	0.000000	1,005,228	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,761,809	0.000000	0.000000	398,095	68.00
69.00	06900 ELECTROCARDIOLOGY	0	14,422,639	0.000000	0.000000	4,706,432	69.00
69.01	06901 CARDIAC REHAB	0	1,112,073	0.000000	0.000000	103,211	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,615,554	0.000000	0.000000	433,103	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,431,457	0.000000	0.000000	1,328,318	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	18,814,144	0.000000	0.000000	5,024,510	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	370,056	162,165,553	0.002282	0.002282	37,089,683	73.00
76.00	03020 RENAL ACUTE	0	3,235,264	0.000000	0.000000	2,094,150	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.05	09005 PATIENT NUTRITION	0	216,626	0.000000	0.000000	235	90.05
90.07	09007 WOUND CLINIC	0	3,741,831	0.000000	0.000000	8,863	90.07
91.00	09100 EMERGENCY	0	95,105,396	0.000000	0.000000	12,170,964	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	14,847,624	0.000000	0.000000	63,059	92.00
200.00	Total (Lines 50-199)	680,533	956,448,918			177,845,984	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet D  
Part IV  
Date/Time Prepared:  
1/28/2015 4:15 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	17,227,216	0	50.00
50.01	05001 CARDIAC SURGERY	0	5,082	0	50.01
50.02	05002 WVSC	0	26,645,940	0	50.02
51.00	05100 RECOVERY ROOM	0	1,617,757	0	51.00
51.02	05101 O/P TREATMENT ROOM	0	1,918,269	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	161,688	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	38,784	8,183,837	58,932	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	15,121,002	0	55.00
56.00	05600 RADIOISOTOPE	0	2,950,947	0	56.00
57.00	05700 CT SCAN	0	19,342,678	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,116,425	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	23,881,669	0	59.00
60.00	06000 LABORATORY	0	7,652,945	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	320,573	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	397,935	0	65.00
66.00	06600 PHYSICAL THERAPY	0	13,496	0	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	3,722	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	14,107	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	914	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,790,254	0	69.00
69.01	06901 CARDIAC REHAB	0	563,268	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	746,382	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48,184	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,420,487	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	84,639	48,764,224	111,280	73.00
76.00	03020 RENAL ACUTE	0	112,527	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.05	09005 PATIENT NUTRITION	0	0	0	90.05
90.07	09007 WOUND CLINIC	0	1,729,719	0	90.07
91.00	09100 EMERGENCY	0	16,667,087	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,693,765	0	92.00
200.00	Total (Lines 50-199)	123,423	211,112,099	170,212	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part V Date/Time Prepared: 1/28/2015 4:15 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.163368	17,227,216	4,259	0	2,814,376	50.00
50.01	05001	CARDIAC SURGERY	0.366945	5,082	0	0	1,865	50.01
50.02	05002	WVSC	0.173151	26,645,940	4,388	0	4,613,771	50.02
51.00	05100	RECOVERY ROOM	0.799158	1,617,757	3	0	1,292,843	51.00
51.02	05101	O/P TREATMENT ROOM	0.979868	1,918,269	0	0	1,879,650	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.461392	161,688	9	0	74,602	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.395473	8,183,837	610	0	3,236,487	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.264594	15,121,002	3	0	4,000,926	55.00
56.00	05600	RADIOISOTOPE	0.248628	2,950,947	0	0	733,688	56.00
57.00	05700	CT SCAN	0.053416	19,342,678	94	0	1,033,208	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.157356	4,116,425	0	0	647,744	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.280042	23,881,669	14,591	0	6,687,870	59.00
60.00	06000	LABORATORY	0.127893	7,652,945	3,500	0	978,758	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.821453	320,573	0	0	263,336	62.00
65.00	06500	RESPIRATORY THERAPY	0.383669	397,935	206	0	152,675	65.00
66.00	06600	PHYSICAL THERAPY	0.225235	13,496	3	0	3,040	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.530256	3,722	8	0	1,974	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.321329	14,107	29	0	4,533	67.00
68.00	06800	SPEECH PATHOLOGY	0.411050	914	0	0	376	68.00
69.00	06900	ELECTROCARDIOLOGY	0.207352	2,790,254	0	0	578,565	69.00
69.01	06901	CARDIAC REHAB	0.967654	563,268	252	0	545,049	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.474946	746,382	0	0	354,491	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.655120	48,184	99	0	31,566	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.660479	5,420,487	0	0	3,580,118	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.274103	48,764,224	36	8,046	13,366,420	73.00
76.00	03020	RENAL ACUTE	0.584219	112,527	0	0	65,740	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.05	09005	PATIENT NUTRITION	3.740165	0	0	0	0	90.05
90.07	09007	WOUND CLINIC	0.472148	1,729,719	0	0	816,683	90.07
91.00	09100	EMERGENCY	0.144774	16,667,087	781	0	2,412,961	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.548079	4,693,765	0	0	2,572,554	92.00
200.00		Subtotal (see instructions)		211,112,099	28,871	8,046	52,745,869	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		211,112,099	28,871	8,046	52,745,869	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part V Date/Time Prepared: 1/28/2015 4:15 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	696	0		50.00
50.01 05001 CARDIAC SURGERY	0	0		50.01
50.02 05002 WVSC	760	0		50.02
51.00 05100 RECOVERY ROOM	2	0		51.00
51.02 05101 O/P TREATMENT ROOM	0	0		51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	4	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	241	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	5	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	4,086	0		59.00
60.00 06000 LABORATORY	448	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	79	0		65.00
66.00 06600 PHYSICAL THERAPY	1	0		66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		66.01
66.02 06602 O/P PHYSICAL THERAPY	4	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	9	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIAC REHAB	244	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	65	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	10	2,205		73.00
76.00 03020 RENAL ACUTE	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.05 09005 PATIENT NUTRITION	0	0		90.05
90.07 09007 WOUND CLINIC	0	0		90.07
91.00 09100 EMERGENCY	113	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	6,768	2,205		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	6,768	2,205		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150023 Component CCN: 15T023		Period: From 09/01/2013 To 08/31/2014		Worksheet D Part II Date/Time Prepared: 1/28/2015 4:15 pm	
		Title XVIIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	4,840,273	134,486,146	0.035991	117,288	4,221	50.00
50.01	05001 CARDIAC SURGERY	440,800	9,427,202	0.046758	11,936	558	50.01
50.02	05002 WVSC	2,102,027	95,670,196	0.021972	276	6	50.02
51.00	05100 RECOVERY ROOM	243,535	3,661,446	0.066513	2,010	134	51.00
51.02	05101 O/P TREATMENT ROOM	1,295,461	7,895,610	0.164074	4,276	702	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,443,210	14,832,132	0.097303	3,644	355	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,798,746	43,114,885	0.088108	58,490	5,153	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,715,250	32,730,111	0.082959	34,485	2,861	55.00
56.00	05600 RADIOISOTOPE	336,686	9,662,733	0.034844	6,016	210	56.00
57.00	05700 CT SCAN	531,158	78,223,814	0.006790	51,294	348	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	990,024	17,732,462	0.055831	14,524	811	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,815,130	79,205,100	0.048168	22,817	1,099	59.00
60.00	06000 LABORATORY	542,566	73,429,494	0.007389	258,520	1,910	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	5,464	2,493,306	0.002191	30,715	67	62.00
65.00	06500 RESPIRATORY THERAPY	683,701	14,484,637	0.047202	127,085	5,999	65.00
66.00	06600 PHYSICAL THERAPY	481,008	7,561,528	0.063613	1,061,889	67,550	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	326,494	5,431,990	0.060106	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	245,034	4,936,156	0.049641	1,029,544	51,108	67.00
68.00	06800 SPEECH PATHOLOGY	161,938	1,761,809	0.091916	292,427	26,879	68.00
69.00	06900 ELECTROCARDIOLOGY	399,079	14,422,639	0.027670	28,501	789	69.00
69.01	06901 CARDIAC REHAB	383,787	1,112,073	0.345110	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	213,539	3,615,554	0.059061	5,794	342	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	408,487	2,431,457	0.168001	6,661	1,119	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	25,405	18,814,144	0.001350	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,639,377	162,165,553	0.010109	972,268	9,829	73.00
76.00	03020 RENAL ACUTE	164,110	3,235,264	0.050725	121,376	6,157	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.05	09005 PATIENT NUTRITION	154,568	216,626	0.713525	0	0	90.05
90.07	09007 WOUND CLINIC	202,479	3,741,831	0.054112	0	0	90.07
91.00	09100 EMERGENCY	1,843,808	95,105,396	0.019387	18,940	367	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	14,847,624	0.000000	0	0	92.00
200.00	Total (Lines 50-199)	30,433,144	956,448,918		4,280,776	188,574	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023 Component CCN: 15T023	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 1/28/2015 4:15 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 CARDIAC SURGERY	0	0	0	0	0	50.01
50.02 05002 WVSC	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
51.02 05101 O/P TREATMENT ROOM	0	0	0	0	0	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	310,477	0	310,477	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	66.01
66.02 06602 O/P PHYSICAL THERAPY	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	370,056	0	370,056	73.00
76.00 03020 RENAL ACUTE	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.05 09005 PATIENT NUTRITION	0	0	0	0	0	90.05
90.07 09007 WOUND CLINIC	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	680,533	0	680,533	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023 Component CCN: 15T023	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 1/28/2015 4:15 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	134,486,146	0.000000	0.000000	117,288	50.00
50.01	05001 CARDIAC SURGERY	0	9,427,202	0.000000	0.000000	11,936	50.01
50.02	05002 WVSC	0	95,670,196	0.000000	0.000000	276	50.02
51.00	05100 RECOVERY ROOM	0	3,661,446	0.000000	0.000000	2,010	51.00
51.02	05101 O/P TREATMENT ROOM	0	7,895,610	0.000000	0.000000	4,276	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	14,832,132	0.000000	0.000000	3,644	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	310,477	43,114,885	0.007201	0.007201	58,490	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	32,730,111	0.000000	0.000000	34,485	55.00
56.00	05600 RADIOISOTOPE	0	9,662,733	0.000000	0.000000	6,016	56.00
57.00	05700 CT SCAN	0	78,223,814	0.000000	0.000000	51,294	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	17,732,462	0.000000	0.000000	14,524	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	79,205,100	0.000000	0.000000	22,817	59.00
60.00	06000 LABORATORY	0	73,429,494	0.000000	0.000000	258,520	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,493,306	0.000000	0.000000	30,715	62.00
65.00	06500 RESPIRATORY THERAPY	0	14,484,637	0.000000	0.000000	127,085	65.00
66.00	06600 PHYSICAL THERAPY	0	7,561,528	0.000000	0.000000	1,061,889	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	5,431,990	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	4,936,156	0.000000	0.000000	1,029,544	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,761,809	0.000000	0.000000	292,427	68.00
69.00	06900 ELECTROCARDIOLOGY	0	14,422,639	0.000000	0.000000	28,501	69.00
69.01	06901 CARDIAC REHAB	0	1,112,073	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,615,554	0.000000	0.000000	5,794	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,431,457	0.000000	0.000000	6,661	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	18,814,144	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	370,056	162,165,553	0.002282	0.002282	972,268	73.00
76.00	03020 RENAL ACUTE	0	3,235,264	0.000000	0.000000	121,376	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.05	09005 PATIENT NUTRITION	0	216,626	0.000000	0.000000	0	90.05
90.07	09007 WOUND CLINIC	0	3,741,831	0.000000	0.000000	0	90.07
91.00	09100 EMERGENCY	0	95,105,396	0.000000	0.000000	18,940	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	14,847,624	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	680,533	956,448,918			4,280,776	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150023 Component CCN: 15T023	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 1/28/2015 4:15 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 CARDIAC SURGERY	0	0	0	50.01
50.02	05002 WVSC	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
51.02	05101 O/P TREATMENT ROOM	0	0	0	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	421	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,219	0	0	73.00
76.00	03020 RENAL ACUTE	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
90.05	09005 PATIENT NUTRITION	0	0	0	90.05
90.07	09007 WOUND CLINIC	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (Lines 50-199)	2,640	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/28/2015 4:15 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		57,826	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		57,826	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		48,597	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		25,012	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		50,988,103	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		50,988,103	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		50,988,103	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		881.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		22,054,331	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		22,054,331	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023		Period: From 09/01/2013 To 08/31/2014		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	13,969,908	9,475	1,474.40	6,071	8,951,082	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	INTENSIVE NURSERY	3,577,291	3,721	961.38	0	0	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					44,290,068	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					75,295,481	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					6,008,660	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,498,314	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					11,506,974	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					63,788,507	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					9,229	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					881.75	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,137,671	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023		Period: From 09/01/2013 To 08/31/2014		Worksheet D-1 Date/Time Prepared: 1/28/2015 4:15 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,884,491	50,988,103	0.213471	8,137,671	1,737,157	90.00
91.00	Nursing School cost	0	50,988,103	0.000000	8,137,671	0	91.00
92.00	Allied health cost	0	50,988,103	0.000000	8,137,671	0	92.00
93.00	All other Medical Education	0	50,988,103	0.000000	8,137,671	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023 Component CCN: 15T023	Period: From 09/01/2013 To 08/31/2014	Worksheet D-1 Date/Time Prepared: 1/28/2015 4:15 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,940	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,940	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,940	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,495	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,271,160	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,271,160	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,271,160	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,337.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,337,961	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,337,961	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023		Period: From 09/01/2013 To 08/31/2014		Worksheet D-1	
		Component CCN: 15T023				Date/Time Prepared: 1/28/2015 4:15 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 INTENSIVE NURSERY	0	0	0.00	0	0		47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,227,267		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,565,228		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					644,733		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					191,214		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					835,947		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,729,281		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023 Component CCN: 15T023		Period: From 09/01/2013 To 08/31/2014		Worksheet D-1 Date/Time Prepared: 1/28/2015 4:15 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,018,125	5,271,160	0.193150	0	0	90.00
91.00	Nursing School cost	0	5,271,160	0.000000	0	0	91.00
92.00	Allied health cost	0	5,271,160	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,271,160	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet D-1
		Title XIX		Hospital
				Date/Time Prepared: 1/28/2015 4:15 pm
Cost Center Description				Cost
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		57,826	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		57,826	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		48,597	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,410	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,443	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		50,939,364	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		50,939,364	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		50,939,364	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		880.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,884,813	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,884,813	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023		Period: From 09/01/2013 To 08/31/2014		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 1/28/2015 4:15 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,918,853	3,443	557.32	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	13,969,908	9,475	1,474.40	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	INTENSIVE NURSERY	3,577,291	3,721	961.38	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,303,029	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,187,842	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					9,229	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					880.91	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,129,918	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150023		Period: From 09/01/2013 To 08/31/2014		Worksheet D-1 Date/Time Prepared: 1/28/2015 4:15 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,884,491	50,939,364	0.213675	8,129,918	1,737,160	90.00
91.00	Nursing School cost	0	50,939,364	0.000000	8,129,918	0	91.00
92.00	Allied health cost	0	50,939,364	0.000000	8,129,918	0	92.00
93.00	All other Medical Education	0	50,939,364	0.000000	8,129,918	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet D-3 Date/Time Prepared: 1/28/2015 4:15 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		39,227,964	30.00
31.00	03100	INTENSIVE CARE UNIT		17,807,285	31.00
35.00	02040	INTENSIVE NURSERY		0	35.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.163368	42,704,140	50.00
50.01	05001	CARDIAC SURGERY	0.366945	4,909,199	50.01
50.02	05002	WVSC	0.173151	107,854	50.02
51.00	05100	RECOVERY ROOM	0.799158	902,433	51.00
51.02	05101	O/P TREATMENT ROOM	0.979868	1,296,778	51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.461392	1,838,243	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.395618	5,385,890	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.264594	1,159,187	55.00
56.00	05600	RADIOISOTOPE	0.248628	454,884	56.00
57.00	05700	CT SCAN	0.053416	11,049,573	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.157356	1,528,512	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.280042	12,108,064	59.00
60.00	06000	LABORATORY	0.129846	19,945,270	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.821453	1,306,241	62.00
65.00	06500	RESPIRATORY THERAPY	0.384364	6,945,701	65.00
66.00	06600	PHYSICAL THERAPY	0.225235	1,778,164	66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602	O/P PHYSICAL THERAPY	0.530256	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.321329	1,005,228	67.00
68.00	06800	SPEECH PATHOLOGY	0.411050	398,095	68.00
69.00	06900	ELECTROCARDIOLOGY	0.207352	4,706,432	69.00
69.01	06901	CARDIAC REHAB	0.967654	103,211	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.474946	433,103	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.655120	1,328,318	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.660479	5,024,510	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.274103	37,089,683	73.00
76.00	03020	RENAL ACUTE	0.584219	2,094,150	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.05	09005	PATIENT NUTRITION	3.744033	235	90.05
90.07	09007	WOUND CLINIC	0.472148	8,863	90.07
91.00	09100	EMERGENCY	0.144774	12,170,964	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.548079	63,059	92.00
200.00		Total (sum of lines 50-94 and 96-98)		177,845,984	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		177,845,984	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150023 Component CCN: 15T023	Period: From 09/01/2013 To 08/31/2014	Worksheet D-3 Date/Time Prepared: 1/28/2015 4:15 pm
		Title XVIIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
35.00	02040 INTENSIVE NURSERY		0	35.00
41.00	04100 SUBPROVIDER - IRF		2,350,452	41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.163368	117,288	50.00
50.01	05001 CARDIAC SURGERY	0.366945	11,936	50.01
50.02	05002 WVSC	0.173151	276	50.02
51.00	05100 RECOVERY ROOM	0.799158	2,010	51.00
51.02	05101 O/P TREATMENT ROOM	0.979868	4,276	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.461392	3,644	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.395618	58,490	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.264594	34,485	55.00
56.00	05600 RADIOISOTOPE	0.248628	6,016	56.00
57.00	05700 CT SCAN	0.053416	51,294	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.157356	14,524	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.280042	22,817	59.00
60.00	06000 LABORATORY	0.129846	258,520	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.821453	30,715	62.00
65.00	06500 RESPIRATORY THERAPY	0.384364	127,085	65.00
66.00	06600 PHYSICAL THERAPY	0.225235	1,061,889	66.00
66.01	06601 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	66.01
66.02	06602 O/P PHYSICAL THERAPY	0.530256	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.321329	1,029,544	67.00
68.00	06800 SPEECH PATHOLOGY	0.411050	292,427	68.00
69.00	06900 ELECTROCARDIOLOGY	0.207352	28,501	69.00
69.01	06901 CARDIAC REHAB	0.967654	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.474946	5,794	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.655120	6,661	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.660479	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.274103	972,268	73.00
76.00	03020 RENAL ACUTE	0.584219	121,376	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000	0	90.00
90.05	09005 PATIENT NUTRITION	3.744033	0	90.05
90.07	09007 WOUND CLINIC	0.472148	0	90.07
91.00	09100 EMERGENCY	0.144774	18,940	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.548079	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		4,280,776	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		4,280,776	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet D-3 Date/Time Prepared: 1/28/2015 4:15 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		4,743,955	30.00
31.00	03100	INTENSIVE CARE UNIT		2,105,650	31.00
35.00	02040	INTENSIVE NURSERY		1,302,710	35.00
41.00	04100	SUBPROVIDER - I RF		318,340	41.00
43.00	04300	NURSERY		272,410	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.163368	6,071,444	991,880 50.00
50.01	05001	CARDIAC SURGERY	0.366945	16,200	5,945 50.01
50.02	05002	WVSC	0.173151	0	0 50.02
51.00	05100	RECOVERY ROOM	0.799158	114,203	91,266 51.00
51.02	05101	O/P TREATMENT ROOM	0.979868	241,905	237,035 51.02
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.461392	309,066	142,601 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.395473	599,727	237,176 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.264594	132,239	34,990 55.00
56.00	05600	RADIOISOTOPE	0.248628	51,118	12,709 56.00
57.00	05700	CT SCAN	0.053416	1,457,906	77,876 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.157356	222,465	35,006 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.280042	583,585	163,428 59.00
60.00	06000	LABORATORY	0.127893	2,613,732	334,278 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.821453	139,595	114,671 62.00
65.00	06500	RESPIRATORY THERAPY	0.383669	832,044	319,229 65.00
66.00	06600	PHYSICAL THERAPY	0.225235	272,279	61,327 66.00
66.01	06601	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0 66.01
66.02	06602	O/P PHYSICAL THERAPY	0.530256	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.321329	225,167	72,353 67.00
68.00	06800	SPEECH PATHOLOGY	0.411050	110,317	45,346 68.00
69.00	06900	ELECTROCARDIOLOGY	0.207352	634,017	131,465 69.00
69.01	06901	CARDIAC REHAB	0.967654	8,190	7,925 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.474946	54,730	25,994 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.655120	333,247	218,317 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.660479	319,317	210,902 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.274103	5,323,164	1,459,095 73.00
76.00	03020	RENAL ACUTE	0.584219	101,163	59,101 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.05	09005	PATIENT NUTRITION	3.740165	0	0 90.05
90.07	09007	WOUND CLINIC	0.472148	1,560	737 90.07
91.00	09100	EMERGENCY	0.144774	1,466,958	212,377 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.548079	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		22,235,338	5,303,029 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		22,235,338	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet E Part A Date/Time Prepared: 1/28/2015 4:15 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		4,570,865		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		50,279,520		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		705,931		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		5,787,606		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		269.72		4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		12.22		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		12.22		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		20.90		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		12.22		12.00
13.00	Total allowable FTE count for the prior year.		12.22		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		12.22		14.00
15.00	Sum of lines 12 through 14 divided by 3.		12.22		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		12.22		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.045306		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.044976		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.044976		21.00
22.00	IME payment adjustment (see instructions)		1,471,623		22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		8.45		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		8.68		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		8.45		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.031329		26.00
27.00	IME payments adjustment factor. (see instructions)		0.008298		27.00
28.00	IME add-on adjustment amount (see instructions)		503,174		28.00
29.00	Total IME payment (sum of lines 22 and 28)		1,974,797		29.00
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.20		30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.54		31.00
32.00	Sum of lines 30 and 31		24.74		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet E Part A Date/Time Prepared: 1/28/2015 4:15 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		9.62	1.01	33.00
34.00	Disproportionate share adjustment (see instructions)		1,648,939		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)				9,046,380,143 35.00
35.01	Factor 3 (see instructions)				0.000463797 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				4,195,682 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				3,850,831 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,850,831		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		63,030,883		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		63,030,883		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		5,015,203		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		778,418		52.00
53.00	Nursing and Allied Health Managed Care payment		21,955		53.00
54.00	Special add-on payments for new technologies		8,566		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		123,423		58.00
59.00	Total (sum of amounts on lines 49 through 58)		68,978,448		59.00
60.00	Primary payer payments		12,351		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		68,966,097		61.00
62.00	Deductibles billed to program beneficiaries		5,170,944		62.00
63.00	Coinurance billed to program beneficiaries		123,920		63.00
64.00	Allowable bad debts (see instructions)		471,087		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		306,207		65.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet E Part A Date/Time Prepared: 1/28/2015 4:15 pm
		Title XVIII	Hospital	PPS

		0	Prior to October 1 1.00	1.01	On/After October 1 2.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		-5,417			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		63,977,440			67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0			68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0			69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0			70.00
70.50	RURAL DEMONSTRATION PROJECT		0			70.50
70.92	Bundled Model 1 discount amount		0			70.92
70.93	HVBP incentive payment (see instructions)		-103,613			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-155,608			70.94
70.95	Recovery of accelerated depreciation		0			70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0			70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0			70.97
70.98	Low Volume Payment-3		0			70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		63,718,219			71.00
71.01	Sequestration adjustment (see instructions)		1,274,364			71.01
72.00	Interim payments		61,293,488			72.00
73.00	Tentative settlement (for contractor use only)		0			73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		1,150,367			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0			75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0			90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0			91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0			92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0			93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00			94.00
95.00	Time value of money for operating expenses (see instructions)		0			95.00
96.00	Time value of money for capital related expenses (see instructions)		0			96.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
1/28/2015 4:15 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	4,570,865	0	0	4,570,865	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	50,279,520	0	0	50,279,520	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	1.03	
2.00	Outlier payments for discharges (see instructions)	2.00	705,931	0	0	705,931	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	5,787,606	5,787,606	0	0	4.00	
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.044976	0.044976	0.044976	0.044976	5.00	
6.00	IME payment adjustment (see instructions)	22.00	1,471,623	140,459	0	1,331,164	6.00	
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.008298	0.008298	0.008298	0.008298	7.00	
8.00	IME adjustment (see instructions)	28.00	503,174	48,026	0	455,148	8.00	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,974,797	188,485	0	1,786,312	9.00	
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0962	0.0962	0.0962	0.0962	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,648,939	0	0	1,648,939	11.00	
11.01	Uncompensated care payments	36.00	3,850,831	0	0	3,850,831	11.01	
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	63,030,883	188,485	0	62,842,398	13.00	
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	63,030,883	188,485	0	62,842,398	15.00	
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	5,015,203	0	0	5,015,203	16.00	
17.00	Special add-on payments for new technologies	54.00	8,566	0	0	8,566	17.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			188,485	0	67,866,167	19.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
1/28/2015 4:15 pm

		Title XVIII		Hospital		PPS		
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	4,381,467	0	0	4,381,467	4,381,467	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	254,740	0	0	254,740	254,740	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0351	0.0351	0.0351	0.0351		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	153,789	0	0	153,789	153,789	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0514	0.0514	0.0514	0.0514		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	225,207	0	0	225,207	225,207	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	5,015,203	0	0	5,015,203	5,015,203	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet E Part B Date/Time Prepared: 1/28/2015 4:15 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		8,973	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		52,575,657	2.00
3.00	PPS payments		50,044,755	3.00
4.00	Outlier payment (see instructions)		205,774	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		170,212	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,973	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		36,917	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		36,917	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		36,917	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		27,944	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		8,973	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		50,420,741	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		5,074	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		10,048,832	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		40,375,808	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		514,002	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		40,889,810	30.00
31.00	Primary payer payments		29,637	31.00
32.00	Subtotal (line 30 minus line 31)		40,860,173	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		989,605	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		643,243	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		446,795	36.00
37.00	Subtotal (see instructions)		41,503,416	37.00
38.00	MSP-LCC reconciliation amount from PS&R		241	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		41,503,175	40.00
40.01	Sequestration adjustment (see instructions)		830,064	40.01
41.00	Interim payments		40,528,775	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		144,336	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet E-1  
Part I  
Date/Time Prepared:  
1/28/2015 4:15 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		60,454,668		39,370,531	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/31/2014	838,820	08/31/2014	1,027,844	3.01	
3.02			0	03/31/2014	130,400	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		838,820		1,158,244	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		61,293,488		40,528,775	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		1,150,367		144,336	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		62,443,855		40,673,111	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150023  
Component CCN: 15T023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet E-1  
Part I  
Date/Time Prepared:  
1/28/2015 4:15 pm  
PPS

Title XVIII

Subprovider -  
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,595,777		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,595,777		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		5,800		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,601,577		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet E-1 Part II Date/Time Prepared: 1/28/2015 4:15 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			13,617 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			31,083 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			3,425 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			61,793 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,081,060,858 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			31,415,706 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			2,584,719 8.00
9.00	Sequestration adjustment amount (see instructions)			51,694 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			2,533,025 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			2,897,764 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			-364,739 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023 Component CCN: 15T023	Period: From 09/01/2013 To 08/31/2014	Worksheet E-3 Part III Date/Time Prepared: 1/28/2015 4:15 pm
		Title XVII	Subprovider - IRF	PPS
			Prior to 10/01 1.00	On/After 10/01 1.01
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)	278,338		3,061,719
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0173		
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	17,507		131,348
4.00	Outlier Payments	215,175		
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	16.41		
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		
6.00	New Teaching program adjustment. (see instructions)	0.00		
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	0.00		
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00		
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00		
10.00	Average Daily Census (see instructions)	10.794521		
11.00	Teaching Adjustment Factor (see instructions)	0.000000		0.000000
12.00	Teaching Adjustment (see instructions)	0		0
13.00	Total PPS Payment (see instructions)	3,704,087		
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0		
15.00	Organ acquisition (DO NOT USE THIS LINE)			
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0		
17.00	Subtotal (see instructions)	3,704,087		
18.00	Primary payer payments	0		
19.00	Subtotal (line 17 less line 18).	3,704,087		
20.00	Deductibles	15,616		
21.00	Subtotal (line 19 minus line 20)	3,688,471		
22.00	Coinsurance	16,032		
23.00	Subtotal (line 21 minus line 22)	3,672,439		
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0		
25.00	Adjusted reimbursable bad debts (see instructions)	0		
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		
27.00	Subtotal (sum of lines 23 and 25)	3,672,439		
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0		
29.00	Other pass through costs (see instructions)	2,640		
30.00	Outlier payments reconciliation	0		
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		
31.99	Recovery of Accelerated Depreciation	0		
32.00	Total amount payable to the provider (see instructions)	3,675,079		
32.01	Sequestration adjustment (see instructions)	73,502		
33.00	Interim payments	3,595,777		
34.00	Tentative settlement (for contractor use only)	0		
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	5,800		
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	215,175		
51.00	Outlier reconciliation adjustment amount (see instructions)	0		
52.00	The rate used to calculate the Time Value of Money	0.00		
53.00	Time Value of Money (see instructions)	0		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 1/28/2015 4:15 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		9,187,842		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		9,187,842	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		9,187,842	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		22,235,338	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		22,235,338	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		22,235,338	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		13,047,496	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		9,187,842	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		9,187,842	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		9,187,842	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		9,187,842	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		9,187,842	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		9,187,842	0	40.00
41.00	Interim payments		14,210,382	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-5,022,540	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet E-4 Date/Time Prepared: 1/28/2015 4:15 pm	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			14.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			14.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			20.90	6.00
7.00	Enter the lesser of line 5 or line 6			14.92	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	20.90	0.00	20.90	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	14.92	0.00	14.92	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	14.92	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.92	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.92	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.92	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	14.92	0.00		17.00
18.00	Per resident amount	119,360.40	0.00		18.00
19.00	Approved amount for resident costs	1,780,857	0	1,780,857	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			5.75	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			5.98	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.75	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			94,861.54	23.00
24.00	Multiply line 22 time line 23			545,454	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,326,311	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	33,578	3,425		26.00
27.00	Total Inpatient Days (see instructions)	65,733	65,733		27.00
28.00	Ratio of inpatient days to total inpatient days	0.510824	0.052105		28.00
29.00	Program direct GME amount	1,188,335	121,212		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		17,127		30.00
31.00	Net Program direct GME amount			1,292,420	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet E-4 Date/Time Prepared: 1/28/2015 4:15 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		79,860,709	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		12,351	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		79,848,358	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		52,754,842	42.00
43.00	Primary payer payments (see instructions)		29,637	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		52,725,205	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		132,573,563	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.602295	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.397705	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		1,292,420	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		778,418	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		514,002	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet G

Date/Time Prepared:  
1/28/2015 4:15 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	21,618,209	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	54,916,479	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,278,475	0	0	0	7.00
8.00	Prepaid expenses	1,942,770	0	0	0	8.00
9.00	Other current assets	230,101	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	82,986,034	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	37,745,161	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	340,378,419	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	132,128,109	0	0	0	23.00
24.00	Accumulated depreciation	-233,787,555	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	276,464,134	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	75,932,215	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	13,831,163	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	89,763,378	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	449,213,546	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	19,763,206	0	0	0	37.00
38.00	Salaries, wages, and fees payable	21,178,673	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	13,840,382	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	54,782,261	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	273,298,996	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	273,298,996	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	328,081,257	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	121,132,289				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	121,132,289	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	449,213,546	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet G-1

Date/Time Prepared:  
1/28/2015 4:15 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		126,671,702		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,642,298			2.00
3.00	Total (sum of line 1 and line 2)		131,314,000		0	3.00
4.00	UHC INCOME	3,557,811		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		3,557,811		0	10.00
11.00	Subtotal (line 3 plus line 10)		134,871,811		0	11.00
12.00	OTHER CHANGES IN NET ASSESTS	13,739,522		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		13,739,522		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		121,132,289		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	UHC INCOME		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	OTHER CHANGES IN NET ASSESTS		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
1/28/2015 4:15 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	75,040,661		75,040,661	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,707,380		3,707,380	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	78,748,041		78,748,041	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	28,004,385		28,004,385	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	INTENSIVE NURSERY	12,944,731		12,944,731	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	40,949,116		40,949,116	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	119,697,157		119,697,157	17.00
18.00	Ancillary services	318,471,062	528,981,164	847,452,226	18.00
19.00	Outpatient services	23,510,591	106,221,811	129,732,402	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PRO FEES/ LOBBY PHARMACY	15,606,880	23,603,591	39,210,471	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	477,285,690	658,806,566	1,136,092,256	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		320,871,534		29.00
30.00	HOME OFFICE EXPENSE	64,181,946			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		64,181,946		36.00
37.00	UHC ALLOCATIONS	1,872,557			37.00
38.00	OTHER	56,776			38.00
39.00	REDUCTION IN WORKFORCE	1,243,959			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		3,173,292		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		381,880,188		43.00

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150023

Period:  
From 09/01/2013  
To 08/31/2014

Worksheet G-3

Date/Time Prepared:  
1/28/2015 4:15 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,136,092,256	1.00
2.00	Less contractual allowances and discounts on patients' accounts	758,288,753	2.00
3.00	Net patient revenues (line 1 minus line 2)	377,803,503	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	381,880,188	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,076,685	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	8,516,298	24.00
24.01	NON- OPERATING GAIN	1,446,644	24.01
25.00	Total other income (sum of lines 6-24)	9,962,942	25.00
26.00	Total (line 5 plus line 25)	5,886,257	26.00
27.00	OTHER	1,243,959	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,243,959	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,642,298	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150023	Period: From 09/01/2013 To 08/31/2014	Worksheet L Parts I-III Date/Time Prepared: 1/28/2015 4:15 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		4,381,467	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		254,740	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		169.30	3.00
4.00	Number of interns & residents (see instructions)		20.67	4.00
5.00	Indirect medical education percentage (see instructions)		3.51	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		153,789	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.20	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.54	8.00
9.00	Sum of lines 7 and 8		24.74	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.14	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		225,207	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		5,015,203	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00